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Fall 2020

Alumni Journal - Volume 91, Number 3

Loma Linda University School of Medicine

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ALUMNI JOURNAL

ALUMNI ASSOCIATION,
SCHOOL OF MEDICINE
OF LOMA LINDA
UNIVERSITY

FALL/
WINTER
2020

Mission Stories By:

Scott. C. Nelson '96
Jonathon Thorp '12
Joel R. Mundall '06
Janie Yoo '06
Andrew C. Trecartin '11
Trixy J. Franke '06
Herbert N. Giebel '88

MISSIONS

Featuring mission stories from alumni missionaries around the world

INSIDE:

APC Preview | 75 Years Later: The 47th General Hospital | Department Report: Transplant Surgery

Though the campus may change,
you will always be family.



We would not be where we are today without the hard work and dedication of each one of you, evident by the impact you have made in the world. As we prepare for the next phase of fulfilling our Mission to Continue the Healing Ministry of Jesus Christ, we are reaching out to partner with you as a member of our family. In preparation for the completion of our new hospital in 2020, our commitment is to grow our clinical faculty; meeting the needs of the Inland Empire, Southern California and the world. If you have an interest in returning home, or know anyone who would like to join the team, we would love to hear from you. You can visit our website at www.socaldocs.com or contact me anytime.

Mike Unterseher, CMSR
Director of Physician Recruitment
909-558-5912
munterseher@llu.edu



LOMA LINDA UNIVERSITY
FACULTY MEDICAL GROUP

ALUMNI JOURNAL



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years and writes about being an always-missionary on
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ALUMNI JOURNAL

Fall/Winter 2020
Volume 91, Number 3

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Printed by Lynx Group, Inc., Salem, Oregon



ALUMNI ASSOCIATION
SCHOOL OF MEDICINE OF LOMA LINDA UNIVERSITY

Love for My Neighbor

Matthew 22:36–40 (KJV) says, “Master, which is the great commandment in the law? Jesus said unto him, Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind. This is the first and great commandment. And the second is like unto it, Thou shalt love thy neighbor as thyself. On these two commandments hang all the law and the prophets.”

The year 2020 has been a gripping one—one filled with events that have likely been arduous and life-changing for many. Still other events may have given us cause for introspection. As I have cared for patients through this year, I have sometimes thought about the things that inspired me to be a physician.

The all-encompassing desire to help others and a moving mission story from a nurse who had just returned from Malawi helped nudge me in that direction. Many prospective medical students shared similar stories of inspiration. Wonderfully, some were able to go on to practice as medical missionaries.

It is pleasing to read stories of their experiences from around the world. These stories range from the challenge of securing blood for transfusion for a postpartum hemorrhage

in Chad, the joy of providing a limb-lengthening device in Haiti, praying for healing in Cameroon, to the organization of testing and care for COVID-19 patients in India.

For those of us who have not had the opportunity to serve abroad, do the things that originally inspired us to become physicians still hold weight? After medical school, residency, fellowship, a few years of practice, and general life experiences, is that desire to help and love others (strangers) still there? Is it still there during a global pandemic? Is it still there during social unrest? Yes!

For many of us the answer is yes! Though our service may not look exactly the same as we once imagined, we can still be inspired by and salute our peers that have done and are doing medical mission work overseas. As we struggle through a year that may be the roughest some of us have experienced, we can choose to help and love not only our patients but our “neighbors.”

This love may show up in a simple gesture of listening empathetically or grand gestures of medical mission work in developing countries. We can be motivated to do just a little more.

“Good morning, my name is Dr. McKenzie. I’m the anesthesiologist that will be helping to take care of you today. How are you doing?” ■



Heather R. McKenzie '05
Issue Editor

THIS LOVE MAY SHOW UP IN A SIMPLE GESTURE OF LISTENING EMPATHETICALLY OR GRAND GESTURES OF MEDICAL MISSION WORK IN DEVELOPING COUNTRIES. WE CAN BE MOTIVATED TO DO JUST A LITTLE MORE.



ALUMNI MISSIONARIES CURRENTLY SERVING OVERSEAS

	James Appel '00 St. Timothy Hospital, Liberia		Sarah Belensky '13 Béré Adventist Hospital, Chad		Jeffrey Cho '14 Haiti Adventist Hospital, Haiti		Staci Davenport '14 Béré Adventist Hospital, Chad
	James Fernando '16 Waterloo Hospital, Sierra Leone		Casey Graybill '05 Malamulo Adventist Hospital, Malawi		Herbert Giebel '88 Christian Medical College, India		Timothy '12 and Claire '12 Gobble Malamulo Adventist Hospital, Malawi
	Shishin Miyagi '10 Guam SDA Clinic, Guam		Joel Mundall '06 Valley of the Angels Hospital, Honduras		Julie Namm '07 Guam SDA Clinic, Guam		Scott Nelson '96 Haiti Adventist Hospital, Haiti
	Olen '07 and Danae '06 Netteburg Béré Adventist Hospital, Chad		Michael Robinson '95 Guam SDA Clinic, Guam		Greg Saunders '85 Adventist Health Center, Malawi		Gillian Seton '08 Malamulo Adventist Hospital, Malawi
	Wilson Thomas '13 Malamulo Adventist Hospital, Malawi		Jonathon Thorp '12 Scheer Memorial Hospital, Nepal		Andrew Trecartin '11 Béré Adventist Hospital, Chad		Jasmine Walker '13 Kanye Adventist Hospital, Botswana
	Nick Walters '89 Bangkok Adventist Hospital, Thailand		Robert Wresch '69 Guam SDA Clinic, Guam				

GET INVOLVED

Learn: www.llusmaa.org/volunteer-mission
Volunteer: ahiglobal.org/volunteer
Donate: www.llusmaa.org/donate

HOW TO GET INVOLVED WITH THE ALUMNI JOURNAL

- Communicate with us via:** Letters to the editor | Feedback, comments, and questions | Social media
- Notify us of:** Updates on life and career | In memoriam notices | Changes of address
- Contribute your:** Best photographs of hobbies, travel, and career | Manuscripts of stories, essays, and poems | Ideas for content, subjects, and themes
- Reach us at:** Email: llusmaa@llu.edu | Phone: 909-558-4633 | 11245 Anderson St., Suite 200, Loma Linda, CA 92354



ALUMNI ASSOCIATION
SCHOOL OF MEDICINE OF LOMA LINDA UNIVERSITY

For more information about the ALUMNI JOURNAL, how to submit an article, or to see past issues, please visit www.llusmaa.org/journal.

Care for the Next Generation

Hello to each one of you! I have good news to share in my last “From the President” message. In this year of disruption, pain, and loss on so many fronts, it is a true joy to formally announce a new student scholarship program: The Alumni Association *Paying It Forward* Scholarship.

It began with an unexpected estate gift from Dr. and Mrs. **WELDON D. SCHUMACHER '62**, dedicated for student use. The Alumni Association Board of Directors had been notified to expect one million dollars for an endowment, but when we received \$11 million in December 2019, the existing plan to work on student debt took on a whole different dimension.

DEL SCHUTTE '84, who was the Association president when the gift was received, immediately began work on how to best use the gift by forming a scholarship committee, which included School of Medicine Dean **TAMARA L. THOMAS '87**. A vision for mentoring students in partnership with the school came together rather quickly. Implementing the vision included dealing with the great deal of “administrivia” that comes with setting up any new program—work which is now complete! Applications are now available for junior and senior medical students.

Each scholarship will be funded by a triad of monies contributed equally by 1) an alumnus, who agrees to also be available as a mentor to the scholarship recipient, 2) the Schumacher endowment, and 3) the School of Medicine. The goal of the \$31,500 scholarship is to cover 50% of a student’s tuition costs and fees for one year, potentially renewable for a second year for juniors.

While the debt reduction for our students is exciting and necessary for a whole host of reasons, it is the mentorship aspect of this scholarship that is so thrilling to me. I can clearly recall several moments in my years as a student when the academic load was overwhelming and I desperately needed to just talk to someone for

a few moments. Although grateful for the people God placed in my life who helped me get through, I didn’t have a physician mentor. It would have been a great gift to have one. I determined that I would be a mentor in the future, and it has been my joy to provide personal mentorship to students and residents while on the faculty here at Loma Linda.

We have seen excitement about this program from Dean Thomas (read her message on page 7) and Association board members, some of whom have already written checks in anticipation of funding scholarships this academic year. Now we invite you, regardless of your geographic location, to step up, invest in a student through this program, and experience the joy of being a small part of his or her journey in becoming a healer.

For those of you who just are not in a financial position to fund the \$10,500 alumnus portion of the one-year scholarship at this point in your career, you can partner with another alumnus or two and make it a team effort. We can help with that! For those who are recent graduates and unable to give to the scholarship effort but still feel called to be a mentor, we have that option for you as well (as does the School). You can submit an electronic form on our website to sign up for student mentorship. (Go to www.llusmaa.org/volunteer and click Mentorship.) One silver lining from this time of COVID-19 is that we are all far more competent with virtual connections, so geographic location is no longer a barrier to mentoring.

Our Alumni Association community of Loma Linda University School of Medicine graduates is stronger when we help each other. Our mission to “Connect. Create. Care.” has even more depth with this new scholarship: Connect with a student. Create a pathway for him or her to become an excellent, spiritually mature physician with a reduced debt load. Care for the next generation by investing in the Alumni Association *Paying It Forward* Scholarship. You never know, the student you support may one day be your personal physician.

May His grace sustain you. ■



Debra L. Stottlemeyer '86
Alumni Association President

INVEST IN A STUDENT
AND EXPERIENCE
THE JOY OF BEING A
SMALL PART OF HIS
OR HER JOURNEY IN
BECOMING A HEALER.



Alumni Association *Paying It Forward* Scholarship

A scholarship covenant gift of 50% tuition and fees (\$31,500 for 2020-21) for a junior or senior medical student for one or two academic years aimed at tangibly reducing student debt.

Your tax-deductible donation will be **double matched** by the Alumni Association and Loma Linda University School of Medicine. You will also have the opportunity to mentor the student your donation is matched to.



YOUR DONATION

+



ALUMNI ASSOCIATION

+



SCHOOL OF MEDICINE

=



PAYING IT FORWARD SCHOLARSHIP

Students will apply for the scholarship and be selected by the School of Medicine Dean’s office based on demonstrated financial need plus a record of community involvement or mentoring. Student recipients enter a covenant agreement to “pay forward” the amount they receive within 25 years to the scholarship program, thus allowing the program to grow. The long-term vision is to increase both number of students supported and dollars awarded per student in future years.

The Alumni Association *Paying It Forward* Scholarship aims to encourage students to positively impact their sphere of influence during and after their training as well as foster relationships between students and alumni.

\$10,500 for a one-year scholarship or \$21,000 for a two-year scholarship

www.llusmaa.org/scholarship

2021 BOARD OF DIRECTORS ELECTIONS

For annual or perpetual members: cast your ballots for the 2021 Board of Directors Election by returning this form or vote online at www.llusmaa.org/ballot-2021.



ALUMNI ASSOCIATION
SCHOOL OF MEDICINE OF LOMA LINDA UNIVERSITY

Full Name: _____ Class: _____ Email: _____

Address: _____ State: _____ Zip Code: _____

ALUMNI ASSOCIATION ANNUAL AND PERPETUAL MEMBERS:

Do you approve of the appointment of the following persons to the Alumni Association Board of Directors?

Yes No Abstain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Joel Brothers '12

Alexandros Coutsoumpos '10

Kiesha Fraser Doh '01

Bill Hayton '73-B

Yes No Abstain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

George Isaac '89

Danae Netteburg '06

Ramona Snipes '99

Scott Strum '90



PERPETUAL MEMBERS:

Do you wish to elect **Cheryl Hickethier '85** as a Holding Fund board member?

☐ Approve

☐ Disapprove

Voting closes January 11, 2021. Thank you for your participation!

MAKE A SUGGESTION:

Do you know any LLU School of Medicine alumni that you believe would be interested in serving on either the Alumni Association Board of Directors or the Holding Fund Board of Directors in the future?

Name 1: _____ Please circle one: Board of Directors Holding Fund Board


Name 2: _____ Please circle one: Board of Directors Holding Fund Board

Please send completed form to:
11245 Anderson Street, Ste. 200
Loma Linda, CA 92354

Lives Changed Will Change the World

I love talking to the many talented medical school applicants who dream to one day become physicians. It is an inspiration to watch these highly motivated, gifted people achieve their goals. Numerous alumni share stories that highlight the gratification of achieving their own dreams. And while the medical school journey is one of many high moments, there is much hard work and pain along the way. One point of pain for a number of graduates is the load of debt that they carry with them.

Remember what being a student was like? Remember worrying about where every dollar would come from? Anecdotes range from amusing—the famous classmate who

 **THE SCHOOL OF MEDICINE'S WORK ON INCREASING SCHOLARSHIPS OVER THE PAST DECADE HAS RESULTED IN SCHOLARSHIP AMOUNTS MORE THAN DOUBLING.**

had the finding of free food at potlucks down to a science—to alarming—the student who couldn't afford groceries or pay rent.

In most of our lives there was a village of support around us, especially family. I remember back to my medical school years: my parents providing help, my grandmother giving me spending money, and my grandfather giving me a credit card to pay for gas. How thoughtful on all of their parts. I recognize at this point in life what gifts those really were.

For most medical students debt continues to be a significant concern (only about 25 percent of students do not take out loans). The Association of American Medical Colleges estimates the average medical school debt in 2020 is

\$201,490, with a mean medical school debt of \$200,000. An additional debt load is incurred by many of our students who have prior debt from private universities.

In light of this national issue, the School of Medicine's work on increasing scholarships over the past decade has resulted in scholarship amounts more than doubling. The School has also focused on the cost of education and explored innovative ways to defray costs to avoid significant tuition increases. Loma Linda University School of Medicine tuition is benchmarked at about the 15th percentile for private school cost of attendance as compared to other nonpublic schools.

Scholarship and award options have increased this past year with a new Health Ministry Fellowship Endowment that has added 12 new scholarships covering full tuition and fees. In addition, the local Inland Empire Health Plan added awards in 2020 that cover significant tuition costs for more than 18 students. When these two scholarships reach full complement over the next four years, an additional 100 students will receive scholarships.

I feel particularly excited about the new Alumni Association *Paying it Forward* Scholarship being initiated this year. It is a special program that connects our past graduates with our future graduates, adding a valuable framework to provide both financial support and a connection with alumni. This connection has tremendous potential to enrich the lives of both our students and alumni.

Thank you to the Alumni Association for creating this wonderful opportunity for our past, current, and future students. The ability we have to give back and contribute to a dream like someone contributed to ours is magical and life-changing. The ability to contribute to individuals committed to a mission is world-changing. ■

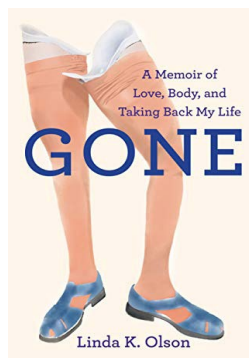


Tamara L. Thomas '87
School of Medicine Dean

ALUMNI
News

What's new? Have you accomplished something of which you are proud? Have you received an award? Served overseas recently? Want to simply update us on your life? Email us at llusmaa@llu.edu.

1970s



In October, **LINDA K. OLSON '76-A** published her first book, "Gone: A Memoir of Love, Body, and Taking Back My Life." At the age of 29, Dr. Olson was vacationing with her husband, **DAVID W. HODGENS '76-A**, and friends in Germany when their van was hit by a train. She woke up in a hospital bed a triple amputee. Her memoir covers the inspiring story of her and her husband's perseverance through such a tragic event and how they created meaningful lives and careers together.

Dr. Olson is a mother, author, motivational speaker, and professor emeritus of radiology at University of California, San Diego. After her own Parkinson's diagnosis in 2015, she has become an advocate committed to empowering Parkinson's patients and families to live life as fully as possible. ■

This and That

Staff Update: New Assistant Editor of *ALUMNI JOURNAL*

Meghann Heinrich is the most recent addition to the Alumni Association staff. She joined the office in October 2020 as the new assistant editor for the *ALUMNI JOURNAL*. Right away, she got to work alongside the editorial team to produce the Fall/Winter 2020 issue.

Meghann graduated in December 2019 from Walla Walla University with a degree in communications. During her undergraduate years she devoted as much time as she possibly could to

the dramatic arts, earning a drama minor to accompany her major in journalism and public relations. She worked for the university newspaper as an investigative reporter, spent a year as a student missionary on the island of Saipan, studied in Spain, and has spent every summer since she was 16 years old working at her favorite place in the world: Leoni Meadows Camp in Northern California. She has lived at Seventh-day Adventist summer camps her entire life, a happy consequence of her father's occupation of camp director. It was there that her love of good storytelling was born.

As a storytelling enthusiast, she is thrilled to hold a position that increases her proximity to intriguing and compelling stories. In her spare time Meghann enjoys acting, playwriting, singing, and getting new stamps in her passport. ■

Adventist Health St. Helena Fire Evacuations

During one of the most destructive fire seasons in California history, the oldest Adventist hospital in operation, Adventist Health St. Helena, completed two evacuations in less than two months.

The first evacuation orders were issued for the Angwin and Deer Park communities on Aug. 19, 2020. Hospital staff worked through the night to relocate 51 patients to nearby health care facilities outside the evacuation zone. The hospital welcomed patients back on August 29.

A few weeks later on Sept. 27, evacuations were ordered again as the fast-burning Glass Fire threatened the hospital. Once more, hospital staff worked quickly to evacuate 55 patients. Though the hospital did not sustain structural damage during the fire, it remains closed (as of Oct. 20, 2020). In a video update to the community on the Adventist Health St. Helena Facebook page, President and CEO **STEVEN C. HERBER '86** shared a message of hope: "I want you to hear from me that we are committed to continue caring for you." The hospital made a number of provisions for patients during the hospital closure. Many area clinics reopened shortly after the fire, and the hospital made use of a mobile health van to provide services to the community while staff continue preparations to reopen the hospital. ■

Alumni Association
Social Media Highlights
Members Old and New

Follow the Alumni Association's Facebook page and Instagram account for engaging content featuring our outstanding alumni. Staff video and photo specialist Jonathan Davidson continues to add videos to the "More than Medicine" series that highlights the lives of alumni outside their professions. From motorcycling to woodturning, find out what fellow alumni are up to in their free time. Staff communication assistant Nancy Yuen develops weekly "miniature features" of notable alumni for Instagram. Here you will learn about their careers and the contributions they have made in their fields. ■

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NCUA

APC 2021 Goes Virtual

The Alumni Association was fortunate to hold the 2020 Annual Postgraduate Convention last March before California went into lockdown. Since then, dramatic changes have occurred in every corner of the world, and the majority of conference events like APC have had to evolve to meet the challenges presented by the COVID-19 pandemic. That is why APC 2021 is a 100 percent virtual event: everything will be streamed online for you to view. There will be no in-person activities in Loma Linda.

Though this means that there are a number of necessary changes this year relating to how you attend or participate in APC, the main offerings and functions remain largely the same. We are doing everything possible to make APC educational and fun! As always, our

goal is to provide a valuable continuing education experience as well as meaningful opportunities to connect with colleagues, celebrate fellow alumni, and reacquaint yourself with Loma Linda University.

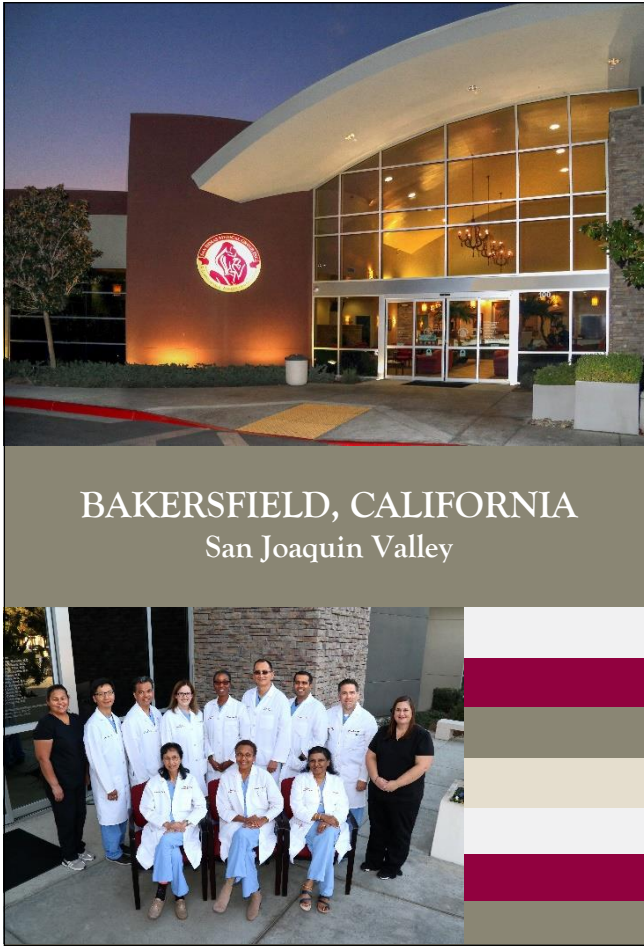
WHAT TO EXPECT

Organizing a virtual APC is a new experience for our dedicated APC team of alumni and staff, and we are doing our best to keep you well informed and to make registration and participation a smooth process. Though the virtual aspect this year keeps us from engaging in person, we encourage you to start now in making plans to watch events like CME lectures, the Gala, or Homecoming worship services together with friends and family—whether joining together online or in safe, small groups at home.

For the latest information about registration, featured speakers, schedules, and more, continue checking the 2021 APC and Homecoming websites and looking for mailed or emailed items from the Alumni Association.

Below we have included some helpful information about what you can expect as you prepare for this year's APC. ■

APC 2021	WHAT'S THE SAME	WHAT'S DIFFERENT
CONTINUING MEDICAL EDUCATION	<ul style="list-style-type: none">A full schedule of CME opportunities Friday, Sunday, and MondayLectures will be presented one at a time according to the APC scheduleGreat speakers presenting relevant topicsSpecialty symposiums in surgery, plastic surgery, and neurosurgery will be held on Sunday	<ul style="list-style-type: none">Register for morning or afternoon blocks (instead of for entire days)Registration fee is reduced by 50%Lectures will be presented online with opportunities to interactTo receive CME credit, lectures must be watched when they are streamed (watching at another time during APC will not be possible)
THE GALA	<ul style="list-style-type: none">Honored Alumni and Alumnus of the Year awards and videosStudent story videosStudent musical talentTakes place Sunday evening	<ul style="list-style-type: none">It's free for everyone!The Gala will be streamed live to watch online, whether solo or as a groupNo scrumptious meal will be served (unless you prepare one yourself!)No need to dress up: "attend" in your pj's if you like
CLASS REUNIONS	<ul style="list-style-type: none">Class leadership will organize and oversee reunion preparationsThe Alumni Association will help maintain and publish a "master list" of all the reunion times (and locations, if applicable)	<ul style="list-style-type: none">Your class reunion may or may not be held virtually—it depends on your reunion organizersThe Wong Kerlee Conference Center will not be hosting any class reunions
MARCH 5–8 • WWW.LLUSMAA.ORG/APC • HOMECOMING.LLU.EDU		



OBSTETRICIAN / GYNECOLOGIST

San Dimas Medical Group is a dynamic, 10-physician, single-specialty practice, who is seeking a certified OB/GYN physician to join our group practice in California's Southern San Joaquin Valley. Resting midway between Los Angeles and Fresno, Bakersfield is just two hours away from the Central Coast and an hour away from the Southern Sierra Mountains. Hiking, Biking trails and numerous water sports are readily available on the Kern River. Bakersfield is an outstanding area to raise a family, where housing is still very affordable and is away from the hustle-and-bustle of large metropolitan areas.

Our practice is 100% physician-owned and offers equal call amongst our physicians practicing in a full-service hospital with a maternity care birth center, a high-risk OB unit and NICU services directly adjacent to our office. On-site lab, ultrasound, mammography, MFM and dietitian services are also at our location.

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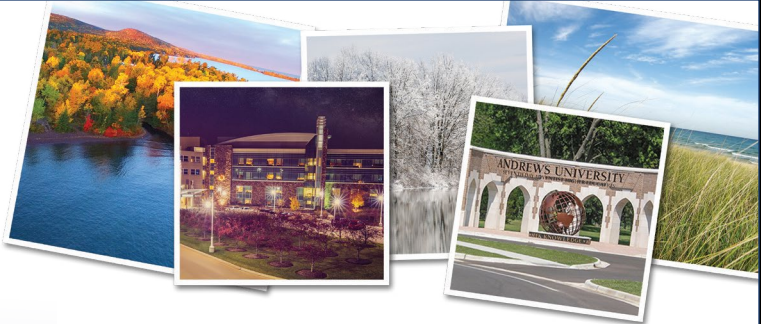
Peg Board, Director of Operations
100 Old River Road
Bakersfield, CA 93311
Email: pboard@sandimasmedical.com
Fax: 661-282-8960

Urologist Opportunity Near Andrews University

Lakeland Urology is adding a full-time urologist to our dedicated team in St. Joseph, Michigan. Excellent compensation package available with generous signing bonus!

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 - Relocation assistance provided in accordance with policy
 - Interview expenses covered



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To learn more, please contact Kelli Dardas at kdardas1@lakelandhealth.org or 269.982.4801



'Virtual' APC FAQ

What does "virtual" mean in terms of a "virtual APC"?

It means you will "attend" all APC lectures, meetings, or events by using your computer (or other device) to watch them online. For example, CME lectures and the APC Gala will be broadcast online at scheduled times for you to watch, and meetings like the alumni business meeting (i.e., the "Sunday Luncheon") will be held by video conference for you to join. Worship services and other events hosted by LLU Homecoming will also be available to stream. The only exception to all activities being virtual would be if your class decides to have its reunion in person.

Can I watch meetings on a device other than a computer?

That's certainly a possibility! You could stream from your smartphone using a Wi-Fi connection or your phone's data



plan, or you could even make plans to watch on, for example, your large, wall-mounted TV—ideally with a few friends and family.

What if I am not a "computer person" or don't have internet?

We will do our best to provide clear instructions for watching lectures or joining meetings during the weekend, but it may be helpful for you to ask for some help from a family member or friend if needed. Unfortunately, if you don't have internet access, you won't be able to watch APC events unless you want to stream from your phone using your cellular data. ■

Plenary Keynote Speakers



Thomas A. LaVeist, PhD

Dean and Weatherhead Presidential Chair in Health Equity
School of Public Health & Tropical Medicine, Tulane University

Health Disparities with COVID-19

8:00 a.m. PST, Friday, March 5
(9:00 a.m. MST, 10:00 a.m. CST, 11:00 a.m. EST)



Wise Young, MD, PhD

Founding Director, W.M. Keck Center for Collaborative Neuroscience
Rutgers, The State University of New Jersey

Umbilical Cord Blood Mononuclear Cell Therapy of Chronic Complete Spinal Cord Injury

9:00 a.m. PST, Sunday, March 7
(10:00 a.m. MST, 11:00 a.m. CST, 12:00 p.m. EST)

Featured Plenary Speakers

DAVID J. BAYLINK '57

Strategies to Protect and Utilize the Regenerative Properties of Stem Cells

Mark Bussell, DPT

A Novel Approach To Treating Neurovascular Inflammatory Disorders

Alexandra Clark, MD

Pediatric Care in the COVID-19 World

GARY E. FRASER, MBCHB, PHD, '69-AFF

Adventist Health Study

Jeffrey Kim, MD

Telehealth—Past, Present, and Future

Kimbell Kornu, MD, PhD

Christian Bioethics Session:
Medicine Made Strange: Seeing Medicine's Power Through the Lens of Liturgy

Lawrence K. Loo, MD

CHAD J. VERCIO '05
Good-bye Baby Boomers, Move Over Gen X and Gen Y, Hello Gen Z (the iGeneration)

Timothy Martens, MD, PhD

Regenerative Medicine

GINA J. MOHR '96

Palliative Medicine in the Era of COVID-19

Eugene Pak, MD

Pain Management-fibromyalgia

MELISSA J. PEREAU '04

The Darkness Within: Battling Postpartum Depression

Sarah Sydnor, PT, CAPP, WCS

Pelvic Floor Dysfunction: The Role of Physical Therapy

"Publications must be scattered like the leaves of autumn." -CM5



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An Utterly Impossible Task

BY TIFFANY C. PRIESTER '04, AIMS COUNCIL CO-CHAIR

“Give hope for the hopeless!” “Provide high quality health care for free to millions of destitute and poverty-stricken people in poor countries around the world!” Lofty goals for sure and easier said than done. There are days when I wonder if it is even possible. In fact, I’m fairly certain it is actually impossible. Nevertheless, I don’t think we should give up when things seem impossible. There is always room for hope. People can’t be reduced to statistics. I’m reminded of the old tale of someone on a beach amid thousands of stranded starfish that are dying from exposure. She is stooping down to throw one at a time back into the ocean, but there is no noticeable effect on the thousands that remain in the hot sun. Someone asks, “Why bother? You’ll never make a difference!” You all know the punch line: as she bends over and tosses another starfish into the sea, she grins and replies, “It made a difference to that one!”

The goal of the Alumni in Mission Service (AIMS) Council is to inspire and support medical mission endeavors and humanitarian service; to facilitate connection between mission-aligned LLU alumni and christian health professionals worldwide; and to advance global and spiritual health through education, scientific exchange, philanthropy, and volunteerism. In these ways, we can help to make a difference in just one life at a time.

In recent years, there have been about 20 alumni serving as medical missionaries, all fighting an uphill battle against health care inequality around the world. Most with insufficient resources of time, money, equipment, and medications. They move through their days helping one person at a time. For some, it is providing pure physical relief: the pain of cellulitis or pneumonia cured with an antibiotic, the fever of malaria removed with antimalarials, the mother whose life is threatened by failed labor saved by a C-section. For others, it is mentally empowering patients to learn how to control, manage, and live well with chronic diseases like diabetes and hypertension so they can reduce the risk of stroke, renal failure, and amputation. For all, it is the possibility of planting the seed of hope in another’s soul—the hope of a better world someday, a place with no suffering. We can share that hope and how the death of one Man can substitute for another: a free gift.

Our missionaries can only help one person at a time. It is impossible for 20 doctors to fix all of the world’s health care problems or



RYAN A. HAYTON '05 cares for an infant while serving at Malamulo Adventist Hospital in Malawi.

even provide health care for the millions of people who still need it. But, they can and will continue to help one at a time. And it does make a difference to that person.

Please join in helping AIMS with these goals. This Christmas, consider how you can personally be involved with AIMS: become a volunteer, provide remote consultations to our overseas alumni, or financially support one of our specific projects and give hope to your fellow alumni, letting them know they are not alone in their struggles. ■

Get Involved

Learn: www.llusmaa.org/volunteer-mission-opportunities
Volunteer: ahiglobal.org/volunteer
Donate: www.llusmaa.org/donate

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IT IS WRITTEN.



TAMARA L. THOMAS '87, dean of the School of Medicine, speaks to the Class of 2024 at their white coat ceremony.

The School of Medicine Welcomes the Class of 2024 with White Coat Ceremony

Starting medical school is a momentous occasion, one that deserves celebration and a moment to consider the importance of the journey ahead. On July 30, 2020, the School of Medicine came together to commit the class of 2024 to a meaningful career with a white coat ceremony.

This year's white coat celebration was a little different due to the pandemic. Students and faculty wore masks and practiced social distancing. Friends and family members were not able to attend the ceremony but tuned in from around the world to watch via livestream.

The white coat ceremony opened with prayer, followed by an address by **NEPHTALI R. GOMEZ '04**, assistant professor of surgery at the School of Medicine. His address was called "Three Things Every Patient Will

Want From You," which are respect, compassion, and competence. He used an artful combination of stories, quotes, and wisdom gained through decades of being a physician to make the case why these three virtues are essential to being a good doctor and a good person. ■



NEPHTALI R. GOMEZ '04 addresses the Class of 2024 at their white coat ceremony on July 30.

Dr. Giang to Serve on Coalition for Physician Accountability Review Committee



DANIEL W. GIANG '83 has been selected by the Coalition for Physician Accountability to serve on their Undergraduate Medical Education to Graduate Medical Education (UME-GME) Review Committee. This committee will be responsible for identifying changes to improve the UME-GME transition, particularly

around preparation and selection for residency and the application process. The final product will result in a set of recommendations to the Coalition for discussion and endorsement at its spring meeting in 2021.

TAMARA L. THOMAS '87, dean, commented, "The School of Medicine continues to invest in our medical students, residents, and faculty and appreciate an integrated look at the medical educational continuum. We appreciate Dr. Giang being willing to serve in this capacity." ■

School of Medicine's Inland Empire Medical Community Service Awards to Address Physician Shortage in Region

Loma Linda University's School of Medicine and School of Nursing will distribute nearly \$4.2 million in community service awards to students from funding received from the Inland Empire Health Plan (IEHP).

Ten nurse practitioner students and 18 medical students from LLU will receive awards this academic school year.

In the spirit of collaboration, LLU School of Medicine and IEHP have created an Inland Empire Medical Community Service Award to expand access to physician services for the Inland Empire. IEHP's support has allowed the School of Medicine to take the next essential step in its community health strategy and help close the gap for critically needed physicians.

Recipients of the awards will commit to working in San Bernardino and Riverside



counties upon completing their training to provide clinical care for at least three to five years. In addition, award recipients will agree to practice in specialties where there is an identified shortage in the community. These include pediatrics, family medicine, internal medicine, general surgery, obstetrics/gynecology, and psychiatry for physician awardees and psychiatry mental health for nurse practitioner awardees. ■

Remembering Dr. Raymond Herber

RAYMOND HERBER '57, longtime Loma Linda University School of Medicine faculty member and generous advocate of the Alumni Association, passed away on Aug. 21, 2020.

Dr. Herber joined the faculty in 1962 and had served Loma Linda University since that time both in teaching and administrative capacities. A nationally recognized specialist in internal medicine and gastroenterology, Dr. Herber was a professor and valuable member of the department of medicine.

Dr. Herber is an alumnus of Union College (1953). After medical school, he completed an internship and residencies at White Memorial and Los Angeles County General hospitals, as well as a fellowship in gastroenterology at Washington University School of Medicine.

"Dr. Herber was a dedicated faculty member and excellent clinician who always watched out for the best interests of the School of Medicine and the Alumni Association,"

says **TAMARA L. THOMAS '87**, dean of the School of Medicine. "He was diligent in looking for best practices and a visionary when it came to building for the future. His time, care, and generosity have made a significant difference for the school, faculty, and students throughout the years."

Dr. Herber was active in several professional, civic, and church organizations, and also found time to pursue his hobbies of needlepoint and crewelwork. His wife, **MARILYN J. HERBER '58**, also served for many years as faculty in the department of gynecology and obstetrics. Both generously contributed to many of the priorities of the institution, including student loan funds, research, academic leadership, professional endowments, and numerous projects that have strengthened the School of Medicine, as well as the larger Loma Linda University community.

Drs. Raymond and Marilyn Herber were honored in 1995 with the Distinguished

FMIG Receives Program of Excellence Award

Loma Linda University School of Medicine was recently recognized by the American Academy of Family Physicians as one of 18 medical school Family Medicine Interest Groups (FMIG) to win the 2020 Program of Excellence Award for exemplary efforts to grow and support interest in family medicine.

The FMIG was recognized for its excellence in adaptability for not only adapting events for students to move to a virtual match panel and other virtual programming during the COVID-19 pandemic, but also for starting the LLU Aid Program to provide pandemic-specific community service. They coordinated volunteer efforts to grocery shop, pet sit, provide childcare, and run errands, and created and maintained a website for people to volunteer or request aid. ■



RAYMOND HERBER '57, longtime professor of medicine, holds up his needlepoint rendition of the Hearst Castle in San Simeon, California.

Humanitarian Award at the Conferring of Degrees for the School of Medicine. ■

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by Hillary Angel,
communications
specialist at the
School of Medicine.

Preparing for Match Day During a Global Pandemic

BY LORIE-MAE NICOLAS ('21)

In August of 2017 I started my medical school journey with the anticipation of graduation in 2021 to celebrate and reap the rewards of all the hard work and sleepless nights I was sure to have. I would often talk excitedly about fourth year, residency applications, Match Day, and graduation with my classmates and friends. My excitement grew even more as I entered my third year, but 2020 had other plans. The COVID-19 pandemic has been quite interesting. It changed almost everything and challenged systems that were placed years ago, forcing us to adapt to new ways of doing things, including Match Day preparation.

As COVID-19 cases increase within the United States, I want to do my part in lowering the number of cases. As I go into this application season, I recognize that I have to rearrange and reframe how I go about getting ready for Match Day. For example, the ideal way I would see if a program is a good fit for me involves being physically present in that institution, talking to the faculty, and observing the interactions between the residents. When I ask current residents how they chose their programs, they often say, "You'll just know," or, "You just feel it." They tell me, "Once you're there for your interview, the weather, the city, the environment, and the residents will all give you a feeling that will let you know if you're a fit for that specific institution." Due to the current pandemic, everything has been switched over to Zoom. Informational sessions and interviews are all virtual. The ability to "feel" the atmosphere is out the window. Now I rely more heavily on the residency program websites and word-of-mouth information from other residents and faculty.

There are silver linings to the changes imposed by COVID-19. The transition to virtual communication means I no longer have to worry about the cost of traveling for interviews. I can save the money I would have spent booking hotel rooms, flights, rental cars, and other traveling

expenses, and avoid the exhaustion from always being on the go. Instead, I get to stay home and only pay for my residency applications. That, in and of itself, is a huge relief. At the same time, I know a few classmates who are planning to make the most of these circumstances by setting up their rooms with the best video equipment, lighting, cameras, and backgrounds to make their interview experience feel as authentic as possible.

The Alumni Association has done an excellent job adapting to these new changes caused by the pandemic to better help our class. They have offered us the ability to connect with more than 900 alumni who are willing to answer questions concerning each specialty, including residencies and locations. They also offer resume reviews with alumni, mentorship, and residency match resources. **BARBARA ORR '70** has gone above and beyond by regularly posting helpful tips on the Alumni Association website to prepare us for Match Day. She also posts podcasts and advice to guide us through this year, which I have found very useful.

Fourth year has been quite interesting. No one saw COVID-19 coming or predicted it escalating to this level. The beautiful thing is, as humans we learn to adapt and evolve in new and unexpected circumstances. Seeing the product of such evolution has amazed me, and I am grateful for the many resources I have to help me evolve as well. ■



LORIE-MAE NICOLAS ('21), representative of the Class of 2021, smiles during her portrait session at the Alumni Association office. She and her classmates are experiencing a unique, largely "virtual" interview season this year as they prepare for Match Day.

INFORMATIONAL SESSIONS AND INTERVIEWS ARE ALL VIRTUAL. THE ABILITY TO "FEEL" THE ATMOSPHERE IS OUT THE WINDOW.

THE STUDENT FUND is a branch of the Student Affairs Council and part of the Alumni Association, LLUSM. Its activities are financed by your contributions and greatly appreciated by LLU medical students. For more information or to make a donation, please contact the Alumni Association at **909-558-4633** or **LLUSMAA@LLU.EDU**.



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DEPARTMENT REPORT

Transplant Surgery

BY MICHAEL DE VERA, MD, CHIEF,
DIVISION OF TRANSPLANT SURGERY, LLUMS

“To make man whole” is inherently the mission of the Loma Linda University Health (LLUH) Transplant Institute (TI).

Loma Linda University has had a long and rich history in organ transplantation. The first successful kidney transplant in the U.S. was performed by Dr. Joseph Murray in 1954 in Boston, and one of his research fellows, vascular surgeon **LOUIS L. SMITH ’49**, performed the first kidney transplant in the Inland Empire in April 1967 at the old hospital where Nichol Hall now stands. In 1992, the Loma Linda Transplant Institute was formally created. Transplantation at LLU has grown considerably since Dr. Smith’s first kidney transplant and the first pancreas and liver transplants at the TI done in 1993.

The Transplant Institute oversees the abdominal transplant programs at LLUH: liver (adult), kidney (adult and pediatrics), and pancreas (adult). To date, 3,561 kidney, 955 liver, and 255 pancreas transplants have been performed at LLU Medical Center, and our surgeons perform over 100 liver, over 200 kidney (including 40–50 living donor transplants and around 10 pediatric transplants), and approximately 10 pancreas transplants per year, making our program one of the largest in Southern California.

The organizational structure of the TI crosses through departments, allowing the service line to deliver the most efficient and highest quality care to pre- and post-transplant patients. The transplant surgeons and physicians are hired directly into the Institute while maintaining academic ties with the departments of surgery and internal medicine. The TI has six transplant surgeons, six transplant hepatologists, and four transplant nephrologists, in addition to five physician extenders who staff our outpatient clinics and two nurse practitioners (NP) who cover our inpatient hepatology and transplant surgery services. Six NPs from Advance Practice Services also cover inpatients. Our satellite clinics at

Riverside University Health System, Murrieta, Palm Springs, Orange County, and in particular Las Vegas, have contributed to the significant growth of the liver transplant program. Over 2,000 new patients with liver disease are seen at the Transplant Institute every year. The kidney transplant program has also grown significantly, with more than 2,000 new patients being referred to the TI for kidney transplantation every year.

Our transplant surgeons, led by myself (director of TI and surgical director, liver transplantation), include Arputharaj Kore, MD; Charles Bratton, MD (surgical director, kidney/pancreas transplantation); Minh-Tri Nguyen, MD, PhD; Jakub Woloszyn, MD; and Pratik Mehta, MD. I also perform open/laparoscopic liver resections and pancreatectomies. The American Society of Transplant Surgeons recently approved our transplant surgery fellowship, and we matched our first fellow to start a two-year fellowship training beginning in July 2021. The transplant surgery service plays an important role in general surgery residency training. Fourth- and first-year Loma Linda residents rotate through the service. Third-year medical students rotate through transplant during their general surgery clerkship.

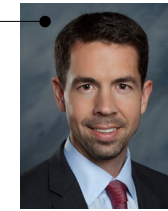
Our transplant hepatologists, led by Michael Volk, MD, MSc (medical director, liver transplantation), include Khaled Selim, MD; Mina Rakoski, MD; Jason Cheng, MD; Michael Lin, MD; and Brian Lee, MD. In addition to transplant services, the hepatologists also provide full general hepatology services and management of liver diseases and malignancies. The transplant nephrologists are led by Rafael Villicana, MD (medical director, kidney/pancreas transplantation), and include Thanh Hoang, MD, and Rangwasee Rattanavich, MD. Surakshya Regmi, MD, is our first American Society of Transplantation–approved transplant nephrology fellow and will be formally joining the faculty when she completes training in January 2021.

The TI faculty is active in clinical research, cumulatively publishing over 30 papers and abstracts in 2019–2020. We have multiple industry-sponsored clinical trials, including a study on immune tolerance, which allows living donor kidney recipients to

(Continued on page 46)

TRANSPLANT SURGERY FACULTY SPOTLIGHT:

Michael L. Volk, MD



Dr. Volk is the Robert and Gladys Mitchell Professor of Medicine and chief of gastroenterology and hepatology. He also serves as medical director of liver transplantation at the Transplant Institute. Dr. Volk is triple board certified in transplant hepatology, gastroenterology, and internal medicine, and has been frequently selected by Best Doctors as among the top

hepatologists in the country.

Prior to moving to Loma Linda, Dr. Volk was director of the liver tumor program at the University of Michigan. He is a former Robert Wood Johnson Clinical Scholar, with a funded research program that focuses on management of cirrhosis and organ allocation for liver transplantation. He has published more than 100 research articles, reviews, and book chapters. Since joining the TI in 2015, Dr. Volk has helped quadruple liver transplant volumes to over 100 per year. He has established numerous satellite clinic locations, including a Loma Linda clinic in Las Vegas.

In his free time Dr. Volk enjoys hiking and biking with his wife, Corrie, and two boys, Alexander and Sebastian. ■

TRANSPLANT SURGERY FACULTY SPOTLIGHT:

Charles Bratton, MD



Dr. Bratton, associate professor of surgery, joined the Transplant Institute in 2017 as a senior abdominal, multi-organ transplant surgeon. Dr. Bratton is the surgical director of the kidney-pancreas program, also overseeing the living donor and pediatric kidney transplant programs. He obtained his transplant surgery fellowship training at Beth Israel Deaconess and was at the Medical University of South Carolina for 12 years prior to his arrival at Loma Linda. His clinical interests include liver transplantation, living donor kidney transplantation, paired donor exchanges, and desensitization and ABO-incompatible kidney transplantation.

He has been instrumental in the growth of the kidney transplant program and recently spearheaded a record eight-person kidney transplant living donor chain at LLU Medical Center. Dr. Bratton also leads the pancreas transplant program and has expanded transplantation to selected patients with type 2 diabetes mellitus, making Loma Linda one of only a few centers in the U.S. to perform this practice. His research interests include the study of novel immunosuppressive agents and health disparities in transplantation.

Dr. Bratton’s passion is for the Transplant Institute to be a dynamic, multifaceted, and patient-centric program, aligned with the mission of LLU Health, that seeks to optimize transplant opportunities and provide exceptional care for each patient through innovative approaches. ■

TRANSPLANT SURGERY FACULTY SPOTLIGHT:

Rafael Villicana, MD



Dr. Villicana is a native Southern Californian who grew up in Hacienda Heights. He attended Michigan State Medical School followed by an internal medicine residency at Mayo Clinic, Minnesota. Dr. Villicana continued his training in general nephrology followed by another fellowship in transplant nephrology at the University of California, San Francisco. He spent about a decade at Cedars-Sinai Medical Center as associate medical director of the kidney transplant program before his recruitment to join the faculty at the Transplant Institute in 2016.

As medical director of the kidney transplant program, Dr. Villicana has been instrumental in doubling the transplant volumes at LLU Medical Center and in markedly increasing kidney transplant referrals. The TI is now one of the larger kidney transplant programs in Southern California. Dr. Villicana participates in the general nephrology postgraduate training program and has initiated a transplant nephrology fellowship program that is accredited by the American Society of Transplantation. He has published on numerous topics within the field of transplantation, including immunosuppression and incompatible transplantation.

Dr. Villicana enjoys spending time with his wife, Mila, and their two daughters. He is an avid dog lover, and his hobbies include soccer and traveling. ■



A young child gazes into the camera of **JONATHON THORP '12**, a medical missionary at Scheer Memorial Hospital in Nepal.

Trained to Heal, Choosing to Serve

BY **TIFFANY C. PRIESTER '04**, ASSOCIATE EDITOR

Loma Linda University School of Medicine alumni have for generations left the comforts of home and family to serve as medical missionaries around the world. Carrying with them a message of healing and God's love in human form. Offering a smile, a hug, a stern reprimand, a prayer, or even shared tears and frustrations stemming from the struggles against illness, injustice, and health care inequality around the world. From the hot savannas of the African continent to the lofty glacial peaks of Nepal to the humid islands of the Caribbean and South Pacific, our alumni are reaching out to those around them to offer medical care and hope. Hope that has driven the training of medical missionaries for over 100 years. While the nature of medical mission work itself has changed through the decades, the need around the world is ever present. The

mission stories featured in this issue are penned by your fellow alumni who are or were medical missionaries.

I would like to thank **SCOTT C. NELSON '96**, **JONATHON THORP '12**, **JOEL R. MUNDALL '06**, **JANIE YOO '06**, **ANDREW C. TRECARTIN '11**, **TRIXY J. FRANKE '06**, and **HERBERT N. GIEBEL '88** for sharing a glimpse of their journeys with us in this *JOURNAL*. The stories are diverse, as are our missionaries. Living in the mission field has always been full of both challenges and rewards. Each person brings to the mission field a unique perspective and skill set. They all have been shaped and changed by their mission experience, including their working relationships forged in the midst of both a different culture and often a different set of hardships than they were trained for. ■

Unprecedented but Not Uncertain

BY **SCOTT C. NELSON '96** and IRMA HENRY, DPT, SAHP'18

From every direction we keep hearing about “uncertain times,” but at Hôpital Adventiste d’Haiti (HAH) there is nothing uncertain about what is happening here. People of all types are coming from near and far, and they are being healed. Our mission is, “To continue the healing ministry of Jesus Christ by providing quality care to all classes of people.” Although our own capabilities are at times uncertain, there is nothing more certain than the source of these modern-day miracles.

Naika and her parents are among many who have heard about this exciting news. Naika is a 17-year-old girl who was born with a short right leg. When she was a little girl, it was a little shorter than her left leg, but she could walk on the tips of her toes and it did not bother her too much. However, as she grew, so did the difference in her leg length (as is normally the case). She has a severe limp and her back and hips give her trouble if she overdoes it. Here, these types of discrepancies are often thought to be caused by something the parents did or by some curse. With that in mind she chooses not to wear a bulky shoe lift as she doesn’t want to attract too much attention to it. In addition, shoe lifts cost money and it can be easy to twist your ankle on the rough streets of Port-au-Prince. She and her parents come to see me in our outpatient clinic, and I tell her about how we can lengthen her leg. Once she hears that, well, the rest is history. She quickly tunes out everything else I say

while her mind fills with dreams of the future.

Limb lengthening is not an easy process. It involves an operation where the bone is cracked and a device is attached, which both stabilizes and slowly distracts. The most difficult part is the post-operative rehabilitation. This involves intense physical therapy (PT) five days per week in order to maintain range of motion of adjacent joints and make sure the muscles and neurovascular structures also grow with the bone. Bone lengthening surgery would not even be a possibility in Haiti without our PT department. Even in the United States, it is only done at a handful of specialized centers. At HAH our PT department, appropriately called “Chanje Lavi” meaning “life change,” is led by Irma Henry, DPT, a graduate of the LLU School of Allied Health Professions, who has done an incredible job of training and coordinating local staff.

Advances in technology have



Naika stands on a book to demonstrate the difference in the lengths of her legs before surgery.

improved results and eased the discomfort after limb lengthening surgery. Recently, the development of an implant called the Precice® nail has allowed us to lengthen bone without the need for



Naika stands with Irma Henry, DPT, SAHP'18, who helped rehabilitate her after leg-lengthening procedures on her right leg at Hôpital Adventiste d’Haiti.



Dr. Henry and Naika demonstrate a rehabilitation technique used to strengthen Naika's right leg during her daily physical therapy sessions following surgery.

an external fixator. This device is implanted inside the bone. It has a gear inside that is driven by a magnet, which rotates with the influence of an external magnetic remote control. The patient typically holds the remote control on the front of the thigh for a few minutes several times per day which painlessly lengthens the bone. This avoids the painful pins that go through the skin and muscle into the bone and has minimized infection rates. Unfortunately, the \$19,000 price tag makes it cost prohibitive in countries like Haiti.

This case brings many questions to mind as we navigate the priorities of medical missions in the 21st century: Are expensive magnetic nails appropriate technology for Haiti? Is leg lengthening important in an environment where even basic needs are not often met? Does this qualify as doing the most good with limited resources? I often contemplate these tough questions, but when a patient is in front of me, the questions fade into the background and I only have one priority: to give all I can for the case at hand.

This is where connections come into play. One can argue the role of mission doctors, but few would disagree

about the importance of connections. Our local doctors have important connections in our community, which are complemented by my connections in the global village. Working together we can make things happen that do not happen at hospitals down the street. With the renowned limb lengthening program at Loma Linda University, it is not difficult to convince the Precice® nail vendor to take interest in Naika's case. A few brief text messages seal the deal, and the company commits to donating the implant and sending their representative to deliver it.

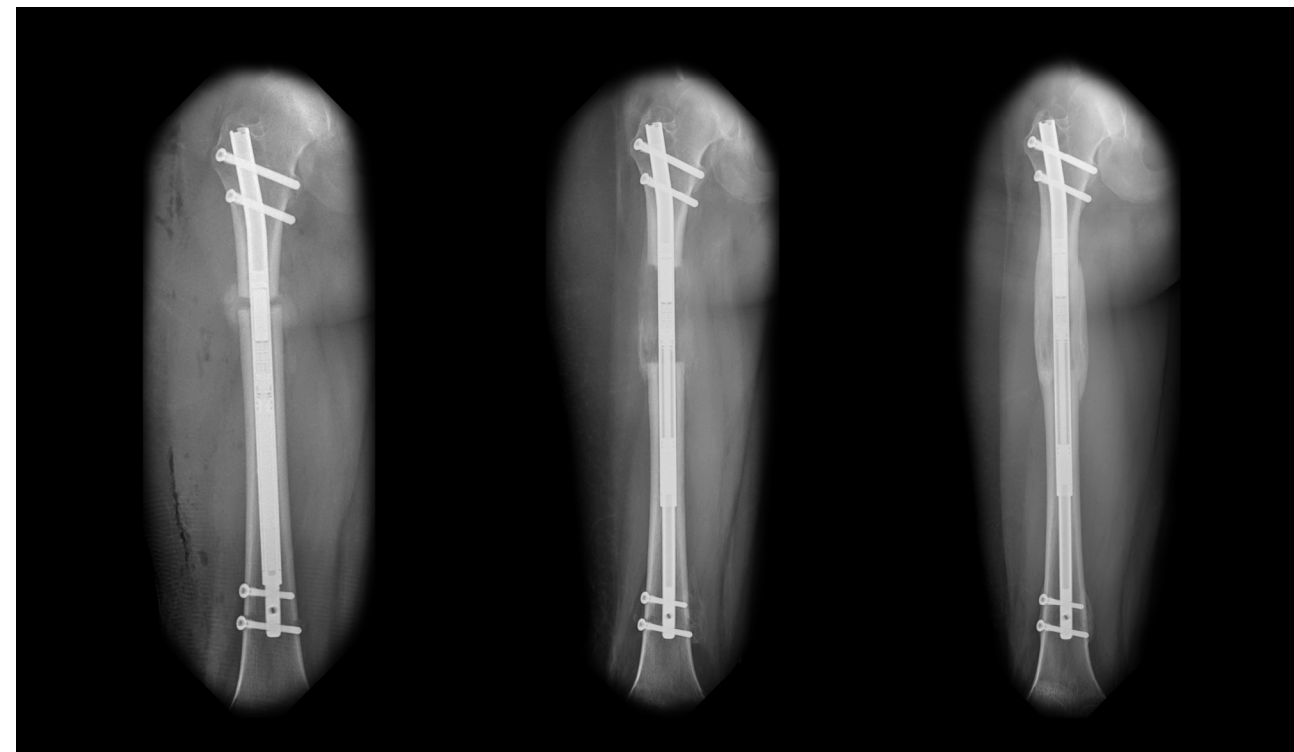
After one month of physical therapy, Naika's X-rays look great with one inch of lengthening. Every morning Naika comes in for her physical therapy session to both ensure that she has full motion of her knee and to strengthen her leg for when she begins to walk. She comes in with a hesitant smile because she knows the session won't be an easy one and that tears may be shed. Despite this, she's motivated because she wants to go back to school to see her friends and finish her last year of high school. Naika wants to study to become an orthopedic doctor and help kids who have similar deformities. Even though she jokes and says that this surgery has changed her mind, she sees the impact it has made on her life and so do others around her. Over the next few months, Dr. Irma and her team witness not only the physical transformation but the increased self-assurance, confidence, joy, and independence that Naika has as she walks out of the clinic on her own two feet without crutches or assistance.

In French, miracles are called *choses extraordinaires*. The process of seeing new bone growing as it is lengthened is nothing short of extraordinary. Seeing bone grow is even

IN SPITE OF THE PANDEMIC, OUR HOSPITAL BEDS ARE FULL, OUR CLINICS ARE OVERFLOWING, AND OUR OPERATING ROOM IS SETTING RECORDS.

more exciting than watching bamboo grow! However, we must remember that it is not the surgeon's mallet or the physical therapists that makes this happen. With rare exception do any of our patients come out of an operation immediately feeling better than when they went in. But very quickly the healing power of Jesus Christ takes over, and our patients are restored. When we witness these daily miracles, we realize there is nothing uncertain about His healing.

These are unprecedented times at HAH. All types of people are coming here for treatment. It was not long ago



X-rays show the Precice® implant used to lengthen Naika's femur. (From left to right) Two weeks after surgery the bone has begun to lengthen, the gap widening about 1 mm per day. Several weeks later, the gap has widened considerably and new bone is forming. The bone has consolidated 11 months after the operation.

that people without money were being routinely turned away. In years past, the healing ministry of Jesus Christ was largely extended only to people who could pay for it. Amid financial struggles it was uncertain what would happen if we opened our doors to those who could only contribute small amounts or possibly nothing at all toward the cost of their care. But we stepped out in faith and did it.

The results are remarkable. In spite of the pandemic, our hospital beds are full, our clinics are overflowing, and our operating room is setting records. We are not making a lot of money, but we are surviving. Donors are showing their enthusiasm, and every day we are finding more ways to create efficiency. We are blessed to have **JEFFREY CHO '14**, family practice and preventive medicine, join our staff with his wife, Michelle, an architect, and their 1-year-old daughter, Eden. Jeff is starting wellness programs for our staff and patients, which are unprecedented in a hospital and society that is largely in survival mode. Tim Cleveland, CPO, SAHP'15, recently joined our staff with his wife, Annika, MSN, SN'15, who is an ICU nurse. Tim is restarting our much-needed prosthetics and orthotics program that had been in place for several years after the 2010 earthquake. Jonrey Avellano, clinical lab director, recently married Jorielyn, an ICU nurse from the Philippines. Jorielyn and Annika are working on starting our intensive care unit as well as a number of

other quality improvement initiatives. Jere Chrispens, CEO, works closely with Mackenson Christoff, chief of operations, to provide administrative leadership for our more than 200 Haitian staff. Although many challenges remain, we are grateful to have a wonderful team of people—local and international—and worldwide support that facilitate extraordinary and unprecedented good news. It is certain that God is blessing HAH in no small way.

As we move forward and accept the call to serve, we remain anchored and assured in Jesus Christ, the true source of all things miraculous. ■



Dr. Nelson is an associate professor in the department of orthopedic surgery at LLU. He and his wife, Marni, moved to Haiti three years ago, where he is developing a global campus site for LLU at the Hôpital Adventiste d'Haiti in Port-au-Prince.



Dr. Henry is a physical therapist and graduate of the LLU School of Allied Health Professions. She has been serving as a missionary at Hôpital Adventiste d'Haiti for over two years.



Rajesh Chand, a social worker at Scheer Memorial Adventist Hospital in Nepal, holds baby Devna, who was found lying in the cold on the side of the road.

Rescued and Saved

BY JONATHON THORP '12

“Give justice to the weak and the fatherless; maintain the right of the afflicted and the destitute. Rescue the weak and the needy; deliver them from the hand of the wicked,” Psalm 82:3–4 (ESV).

The early morning fog sparkled in the warming glow of the morning sunrays striking the cold earth in central Nepal. In the distance taxi horns blared, engines roared to life, and one could hear morning worship chants booming from the temple, marking the start to another cold winter day in Nepal.

Wahhh! Wahhh! Wahhh! “What is that?” thought Sandesh.* “Is that a baby crying?”

Four miles from Scheer Memorial Adventist Hospital (SMAH), Sandesh was walking down a path on his way to his destination. The piercing scream of a newborn baby was the last sound he expected to hear on this cool morning. Stepping off the pathway he approached a bush. The morning rays of light penetrated the fog and dew sparkled

on every sliver of grass. It was cold. It was frigid. What he saw next broke his heart: a beautiful newborn baby girl lay wrapped in thin cloth next to a bush.

Picking the wet, cold baby out of the grass, Sandesh quickly observed how her umbilical cord had been tied with a piece of string. In a society where female babies are often unwanted she had been abandoned, left to die or to be rescued.

Wrapping the baby, Sandesh picked her up and called for help. The police arrived and a search ensued. The baby was transferred to SMAH where she was admitted into

WHAT HE SAW BROKE HIS HEART: A BEAUTIFUL NEWBORN BABY GIRL LAY WRAPPED IN A CLOTH NEXT TO A BUSH.

the neonatal intensive care unit. Under the compassionate and excellent care of our staff, baby Devna was warmed, fed, and cared for.

I write these words as my newly born daughter lies beside me. She is cooing, kicking her arms, and flailing her legs. She lies next to me on a sofa seat, lovingly wrapped in a warm pink blanket, helpless. It breaks my heart to think of what could have happened to baby Devna.

When we moved to Nepal, our oldest son was 2 months old. Now, three and a half years later, I am a dad to three kids. I cannot imagine my daughter lying helpless next to a bush, abandoned. I cannot imagine leaving my child to die. I cannot imagine leaving my daughter in the open, with a hope that someone might rescue her before it was too late.

Scheer Memorial's care of baby Devna personifies David's words in Psalm 82:3–4. For 60 years, SMAH has existed to fulfill one mission: “To provide compassionate, patient-centered care, to international standards, to all people, regardless of the ability to pay.” Our physicians, nurses, social worker, chaplain, and administrators rallied around this helpless little girl, saving her and giving her a hope and future. Two of the staff came forward requesting to adopt the baby. These beautiful gestures of care personify the mission statement and why we exist: to care for the most vulnerable. Despite their wishes, due to the laws of Nepal, hospitals cannot facilitate adoptions. Baby Devna was safely transferred to a children's village specifically designed to care for abandoned babies.

Adoptees are incredibly special to me. My mother, due to circumstances in her biological family's home, was placed in a care home at birth to wait for adoption. My grandparents rescued her. As the acting CEO at the time of baby Devna's transfer to SMAH, I immediately became aware of the circumstances, and my mind raced to what it could have been like for my mother over 50 years ago. The one thought that continued to resonate in my mind was, “We all need a savior.”

I thoroughly enjoy the beautiful words of Paul throughout the New Testament. I love the entire Bible, and Paul and I just click. How he writes his narratives and what he says resonate well with my mind. His logic and attention to detail afford my mind the opportunity to grasp the beautiful reality of salvation and many other biblical themes. The struggle with sin, as Paul aptly describes in Romans 7, came to my mind as I thought about baby Devna.

As Paul asked, “Who will rescue me from this body that is subject to death?” Romans 7:24 (NIV). Through a myriad of self-centered, self-help techniques, many try to save them-

selves. But the only answer is a Savior—one who will rescue us from our sinful, corrupt nature.

In the broader context, Paul writes, “What a wretched man I am! Who will rescue me from this body that is subject to death? Thanks be to God, who delivers me through Jesus Christ our Lord!” Romans 7:24–25 (NIV).

Just as Sandesh reached down through the damp, sparkling blades of dew-covered grass to rescue a cold, helpless newborn, Jesus Christ came to this world to rescue helpless humanity.

Our salvific efforts, our loudest salvific cries, are just as helpless as screams from a tiny, cold, vernix-covered newborn baby. We all need a savior.

In the last few months, the cries of increasing helplessness come to our ears from a struggling world. Every day media reports bombard our senses

as we hear of unprecedented violence, looting, fires, hurricanes, locust infestations, plagues, pandemics, earthquakes, global warming, and climate change. Some secular and religious pundits argue now is the time to extract oneself from the chaos and to live as a “prepper” to survive a forthcoming economic and political apocalypse.

Jesus will come; He promised so. He is our soon-coming Savior. We know not the hour of his return, but we are called to faithfully serve until He comes. In contrast to the self-centered “prepper” mindset, service-motivated and compassionate initiatives are needed from physicians, nurses, and health care providers more today than they ever have been. The world needs to see practical, Christ-illustrated actions to contrast the chaos we are experiencing. We are called to be the hands, feet, and voice of our compassionate Savior. ■



Dr. Thorp along with his wife, Allison Thorp, BSN, FNP; sons, James and Joseph; and daughter, Tabitha, have the privilege of serving at Scheer Memorial Adventist Hospital, in Banepa, Nepal. Dr. Thorp is as a general internist and chief operating officer; Allison is as a family nurse practitioner in the obstetrics department.

*Names have been changed.

An Invitation

BY JOEL R. MUNDALL '06

A few weeks ago while I was working in my office, I received a phone call from the customer service desk saying a couple had arrived in the lobby and they were waiting to see me.

I heard the gentleman's name mentioned, but it didn't sound familiar. A minute later I was greeting the couple who had found a seat on one of the sofas in the lobby. The gentleman immediately introduced himself and commented that I probably wouldn't remember him, and I didn't. He didn't even look vaguely familiar, which seemed strange because I usually recognize the faces of my former patients, even if I don't remember who they are or when I've seen them. Without pausing, he proceeded to explain that he had come to our ER a little more than two years previously for alcohol detox. His wife had brought him to our hospital because she had heard good references about our services as an option for management of alcoholism. He was never admitted, only attended to in the ER (because he refused admission). After our interaction that day in the ER and my recommendation that he go to Alcoholics

Anonymous (AA), he started attending AA meetings the very next day and has continued to do so ever since. He has maintained his sobriety, and their lives were changed dramatically as a result.

Although we see this from time to time, it still amazes me to see the power of a simple invitation. When given in the appropriate time and setting, an invitation can be a powerful way to make a difference in someone's life and make the world a better place. Considering this man's case, the invitation to attend AA

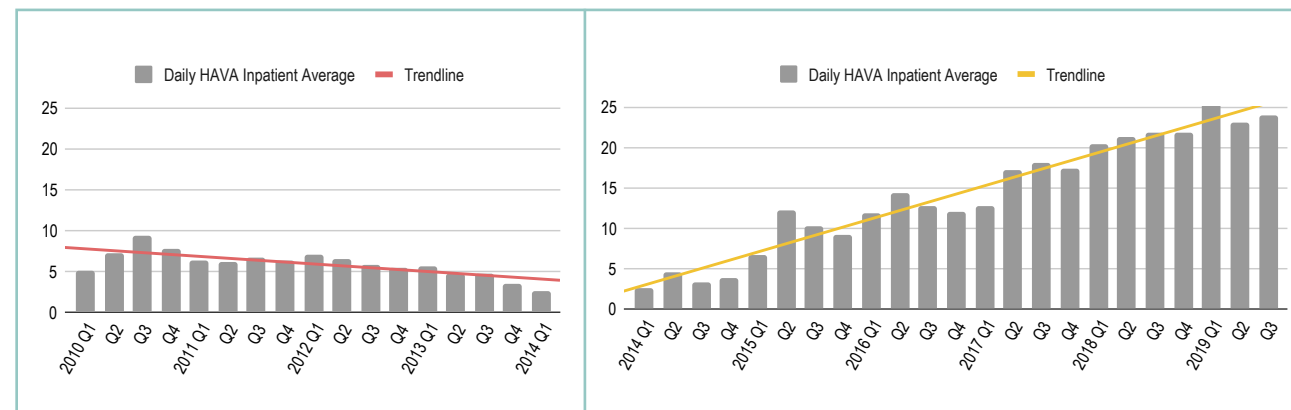
WE HAVE TO GO TO WHERE THE PEOPLE ARE, WHETHER THAT MEANS TO ANOTHER COUNTRY OR TO THE NEIGHBOR NEXT DOOR.

was very basic, nothing that special really, and yet it was instrumental in producing a decided change in his life. Why was this so? I think the answer can be found by looking at Jesus' method of working.

As Ellen White says in "Ministry of Healing": "Christ's method alone will give true success in reaching the people. The Saviour mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them, 'Follow Me.'"

The last sentence of this paragraph, "Then He bade them, 'Follow Me,'" is an invitation. Jesus invited people to live a better life. Yet, these invitations were not isolated, stand-alone offers but rather a natural next step of His method after winning their confidence.

Looking at these steps one by one, we can see that the first part of Jesus' method was to mingle with people, to get close to them, while showing genuine interest in them. Although the rapid adaptations in the last several months have given us more agility in connecting with seemingly anyone and everyone over the internet, mingling with people is not something we can do best while we stay within the comfort zone of our own homes. We have to go to where the people are, whether that means to another country or to the neighbor next door. We can't make a difference in people's lives without going to where they are. In our case, we chose to go to Honduras, one of the poorest



The graphs show a decline of daily inpatients at HAVA from 2010 to 2014 and an increase from 2014 to 2019.

countries of Central America, a country where corruption is so abundant, even within health care, that showing a genuine interest in people stands out in marked contrast against the common backdrop of selfish interests.

Our hospital in Honduras, Valle de Angeles Adventist Hospital (HAVA), was not doing well financially when we arrived. The hospital had been running in the red for years, possibly decades; no one even knew the last time income was equal to or greater than expenses. The hospital had many strong points—beautiful location, efficient floor plan, and caring staff—that together were very promising. One might consider just sending money. Yet, even if we had been given a million dollars to build a new wing on the hospital, what would that have accomplished for a hospital that was headed toward imminent closure? Though currently a new wing is needed due to the number of patients we must turn away, giving money for a new wing several years ago would not have solved the problem of dwindling patient numbers.

It was necessary for someone to go in person, to meet people where they were, and to address the needs directly. Thankfully, many have come to Honduras to make a difference directly in the towns and villages around the hospital and to help the hospital change its trajectory. These contributions give the hospital relevance in the community. It is not only a place where people's needs are met but also a mobile ministry that regularly visits the surrounding towns and villages to meet people where they are.

The second part of Jesus' method, "He showed His sympathy for them, ministered to their needs, and won their confidence," marks the turning point of each encounter in winning people's confidence. Ministering to people's needs comes naturally within the health professions because they are service oriented. Ministering to people's needs gives us a powerful tool to reach people's hearts and demonstrate Jesus' sympathy for them.

Finally, the third part of Jesus' method of reaching people is to give them an invitation to follow Him. Naturally, anyone who has just had their needs met in a compassionate way will be happy to enjoy a similar experience again. This is where we have the opportunity to invite them to get even closer to the source of healing. Frequently, we invite our patients to come for a follow-up appointment, and they readily oblige, but we are too timid to invite them to take a step closer to Jesus and follow Him, to rise up a little higher in their human experience. We may ask them to drink more water or get more exercise, but we are afraid to ask people to read their Bibles, to pray, or to attend church. I imagine many of us worry about possible rejection of these invitations, as I used

ON A TYPICAL SABBATH PRIOR TO THE PANDEMIC, ROUGHLY HALF THE PATIENTS OF OUR HOSPITAL WOULD ACCOMPANY US IN CHURCH EACH WEEK.

to. Fortunately, I've been able to learn from our hospital staff to give people invitations openly and regularly as part of the routine of life, and to trust God with the responses.

Here in the hospital, we have had (prior to the pandemic) the routine of inviting every patient to sing and pray with us as we go from room to room with Friday night singing bands. We also would invite every patient in the hospital, who could feasibly do so, to attend church with us each Sabbath. Some would go out of curiosity, others were genuinely interested and looking for a closer relationship with Jesus, and others may just have gone along for the ride, but almost none of them would have gone were it not for an invitation.

(Continued on page 39)



Patients who accepted an invitation from staff at Valle de Angeles Adventist Hospital join a Sabbath worship service at the nearby Seventh-day Adventist church.

Once a Missionary, Always a Missionary

BY JANIE YOO '06

Lusaka, Zambia, June 2017. The engine of the Emirates Airbus roared to life once all the exit doors were secured shut. The muffled voice of the captain indicated we were about to take off.

It was hard to believe that we were finally leaving Zambia after six amazing, life-changing, but arduous years in the trenches of the mission field. A seven-hour flight to Dubai, followed by another grueling 17-hour flight to Los Angeles, with three small children under age 5 in tow, we made our way back to life as we thought we had known it in the United States. Those hours suspended in the air allowed for space, a comma, a bookend, a time for reflection and reconciliation. Why did we even go into the mission field? What did we accomplish during our six years of service? And was our time there served in vain?

Memories flooded my mind of the times I sat in church at the Loma Linda Korean Seventh-day Adventist Church. I was just a child. We had many guest speakers, visitors, and mission stories shared in that church.

Some guests were eccentric, but others were fervent, passionate about spreading the gospel. Some were even missionaries. Stories would be told of the mission field: Africa, Asia, remote places of which I had never heard. And that is when the fire in my heart was kindled. Even at a tender young age, I knew I was being called to become a medical missionary.

I eventually married my husband, Paul SD'08, and together we went on countless short-term mission trips to various places throughout the world. But when the time finally came for us to serve long term, we did not quite know what to expect. We were heading to the capital city

of Lusaka, Zambia, an urban city with over two million people in a developing country, a number of paved roads, somewhat reliable electricity, and running water. Paul and I were called to serve as dentist and ophthalmologist of our respective institutions. But this picture of missions was starkly different from the mission stories of Africa that I had grown up listening to. How could we be missionaries when we were simply working within our medical professions in the capital city of a developing country?

As the years unfolded, in our moments of joy in service and in our darkest and trying hours, we slowly came to understand how the Lord would use us in His service. Some of our greatest joys came from our outreach endeavors to the remote parts of Zambia and its neighboring countries. Every month we would host or embark on an outreach camp; we traveled to Mwami Adventist Hospital to the east, Yuka Adventist Hospital to the west, and many other remote areas throughout the country. Even Kanye Adventist Hospital in Botswana became a consistent site where we conducted annual eye camps to help the poverty-stricken, blind patients in the Kanye village region. These camps helped me realize that being part of an established "base" site in the mission field was an amazing opportunity to serve the underserved; it was so much less costly to source local consumables and move with ground transportation than to source consumables from the United States and fly them across oceans to these remote villages.

I remember one patient, a 46-year-old male, who had traveled more than 250 miles to the hospital where we were hosting an eye camp. He was the last patient of 102 cataract patients I had just operated on, and he remarked to the staff in my hearing, "Please tell me when my doctor is coming. I want to see my doctor's face because I could not see her



JANIE YOO '06, her husband Paul SD'08, and little Jaycee mingle with some of the local children during an eye camp at Yuka Adventist Hospital, Western Province, Zambia, in April 2013.

before the surgery." Being a part of this kind of healing ministry has been an incredible blessing in my life; to see the indescribable joy that patients experience upon removing the bandages from their eyes after cataract surgery is a pleasure that not even gold can buy.

Short-term mission trips are frowned upon by some, as is the idea of westerners traveling to a less developed country to deliver heroic measures, only to leave the area just as destitute. The reality is that there is a real need for medical and spiritual services in many areas. Short-term mission trips also benefit the missionaries, especially when volunteers are young and in their formative years of life. But there can be a true danger in relying solely on short-term mission trips to accomplish goals without appropriate training and long-term follow-up.

This is why I have now come to appreciate the power of "short-on-long-term missions," allowing the long-term mission site to be a launching pad for more frequent short-term trips. The reality is that the model of missions is changing as the trends in urbanization are changing worldwide. With the mass movement of people to cities in search of jobs and opportunities, people ultimately prefer to live in big urban centers rather than in rural areas. With this trend comes a need for more health care providers in the cities as well as a higher standard of care; no longer are ill-equipped

facilities and substandard procedures and protocols acceptable. There is a marked need for subspecialized care and a high standard within our health care institutions. And from these centers of influence in the urban areas, short-term trips can be launched successfully to service the underserved in more remote regions. In our setting this was an incredibly powerful tool. Our institutions in Zambia were reputable, self-sustaining centers in the city that were able to generate the capital needed to support these kinds of short-term, charitable missions.

I also began to realize that our greatest mission field was closer than I thought. It was the people that we interacted with day in and day out: our staff! The hats we wore as leaders were not just as doctors, but also in the areas of administration, business/finance, human relations, and public relations. On a spiritual level, it was humbling to see some of our employees embrace the healing ministry of Christ. And what a blessing it was to see the lives of our staff slowly being transformed professionally and spiritually.

As we approached the end of our time in Zambia, we were able to reflect on some of our successes and failures, battles won, and others clearly lost. At times, our shortcomings seemed to overshadow our efforts, despite our best

(Continued on page 47)

Massive Transfusion Protocol in Chad

BY ANDREW C. TRECARTIN '11

At midnight the phone rang. “A woman who just gave birth is bleeding a lot.”

In the operating room **STACI L. DAVENPORT '14** was performing a curettage to make sure no pieces of placenta were causing the problem. Medications oxytocin and methergine were in. Staci had also verified there were no major lacerations in the birth canal. We then quickly packed the uterus with gauze in an attempt to stop the hemorrhage. This woman had been laboring for days at home after her water broke. Her inflamed uterus was not clamping down



Abouna, a nurse, holds up two bags of blood from the refrigerator that houses the life-saving blood bank at Béré Adventist Hospital in Chad.

like it should have. Phillipe, our nurse who performs anesthesia, was infusing another bag of blood.

Something drew my attention. It was the pulse on the oxygen sensor. Her heart rate was 170 beats per minute. My heart sank. Was that real? The last blood pressure (BP) reading was 80/50. Was that heart rate reading true? It was ominous. The BP cuff finished cycling: 60/30. Her life at its end flashed before my eyes. Within minutes she would be dead.

The blood was already pouring out in spite of the gauze packing. I asked Phillipe to run two bags of blood at the same time. “We’re doing a hysterectomy,” I said, as I opened the kit. I threw betadine on her abdomen and started in with the scalpel blade. Her blood pressure was not measurable now. Quick, clamp cut tie, clamp cut tie. “Please give more blood.

HER HEART RATE WAS 170 BEATS PER MINUTE. MY HEART SANK. WAS THAT REAL? THE LAST BLOOD PRESSURE READING WAS 80/50. WAS THAT HEART RATE READING TRUE?

Yes, more blood!” Phillipe ran to the refrigerator again. The woman’s blood pressure intermittently read at 50/30 when the machine would pick it up. Final clamp, cut, uterus out. Breathe. The bleeding stopped. The transfusion total was nine units of blood.

Her husband was more educated than many of our patients. His anxious face relaxed in relief with the news. He understood we had to take out the uterus and said, “Whatever it took to save her, thank you.”

Walking back to our house in the dark morning hours, a flood of emotion overtook me. Her life, falling precipitously, was caught just in time. She is alive. People like **OLEN '07** and **DANAE NETTEBURG '06**, by their sweat and tears, have developed the only blood bank in this

part of the country. People hate donating blood here because it diminishes their “force” to work in the fields. However, every elective surgery patient must have a family member donate a unit of blood. We explain that if the patient needs it during surgery then we give it. If it is not, we use it for emergencies.



HER LIFE, FALLING PRECIPITOUSLY, WAS CAUGHT JUST IN TIME. SHE IS ALIVE.

Consequently, every hernia we’ve worked hard to repair was another life-saving unit of blood. The generators, fuel, and the mechanic to maintain electricity (most of the time) is beyond what the majority of hospitals in Chad can afford. We have the luxury of keeping our blood bank refrigerator running.

Our transfusion protocol includes a built-in 1:1:1 ratio of red blood cells, platelets, and plasma. Even many rural trauma centers in the United States have not yet achieved ideal ratios of plasma to packed red blood cells. All we have is whole blood and that is what we give. Sadly, we have lost women to postpartum hemorrhage, most often the ones with uncommon blood types.

This woman will raise her kids. People are not surprised when a mother dies in childbirth here. This “never event” in the States is pervasive here in Chad. Many children grow up without the mothers they lost in childbirth. Not for this family though. She is alive! ■



Dr. Trecartin is a general surgeon. His wife, **MEGAN N. SMITH '15**, is a family practice physician. Together they serve at Béré Adventist Hospital in Chad with their two small daughters.

The Béré Blood Bank: A Simple Way to Save a Life

BY OLEN NETTEBURG '07

Looking up at the stars at 2 a.m., somehow I think I’m lucky. I’m walking to the hospital by the light of my headlamp, my flip-flops scuffing along on the sidewalk and a set of keys fidgeting in my hand. Despite the fact I’d rather be sleeping next to my wife, I have a simple means of saving a life. I unlock the operating room doors and drag over a stool, pulling out the bottom left drawer of the fridge which holds half a dozen crimson bags, all labeled “O neg” with a date. I flip through them, finding the one nearing its expiration date. Grabbing what I came for, I glance at the other shelves in the refrigerator, each full and labeled. I allow myself to feel a little pride.

“Zero point nine.” I shake my head as I walk over to the pediatric ward. Every month, it seems, there’s another child with a hemoglobin under 1.0. Chronic malnutrition coupled with malaria is a lethal

combination. I hand the bag over to the nurse who was knocking on my door five minutes earlier to ask for the blood. We chat for a minute as he hangs the blood; then I’m walking back home again, another life saved in the easiest of fashions.

Over a decade ago, my predecessor started requiring each elective surgery patient to present a family member to donate blood before operating. No blood, no hard feelings—but no surgery. Having established the hospital’s reputation for surgical excellence, **JAMES APPEL '00** faced little pushback as it became the expectation over the years. While other hospitals had “ambulatory” blood banks, meaning the family members “ambulating” around would give blood when the need arose, Dr. Appel saw the need and benefit of having blood stocked on hand. It avoids the delay of searching for compatible

donors and arguing with family members refusing to donate. The blood can be given urgently and the education given later.

We inherited Dr. Appel’s small blood bank and grew it as the hospital and its volume grew. A visiting team from the Ministry of Health saw our little bank and they were impressed. A doctor commented, “If you ever get your bank up to 100 bags, we will buy you a new refrigerator.” I had my challenge and we now often have more blood than that, although I never took her up on her promise. Fortunately, **ROLLIN BLAND '68** purchased us a full-size refrigerator that is still keeping 100 bags of blood cool today. This resource allows us to save lives every day, whether they be a hemorrhaging woman in the maternity ward, an anemic child in pediatrics, or a bleeding surgical patient on the table. ■

Healing Time

BY **TRIXY J. FRANKE '06**



A mother and her daughter smile for **TRIXY FRANKE '06** as she snaps this photo in Cameroon.

Patience does not come easily. No matter the country, few people espouse serenity with unending fortitude, especially when it comes to an illness. We all want sickness to end now. The cure cannot come soon enough.

"But, doctor, I want to go home. I can't stay here tonight. I have small children at home. There isn't anyone to help with the children. I can't stay." The breastfeeding mother with her severely anemic and ill baby turned pleading palms upward in a gesture begging me to discharge them from the hospital.

Her baby was very ill with malaria. He needed intravenous medications and a blood transfusion. These treatments cannot be completed hastily. A blood transfusion takes time. First, a donor must be found, then the body needs time to slowly accept each drop. A minimum of 24 hours is required for intravenous malaria treatment to even begin to lower the parasite load. Lots of complications can occur while a young body is compromised under such an illness. Still, the busy mother persisted, "I can't stay. Just write the medications. I will buy the medications and give them at home."

"It's not safe," I tried to explain. "He's too sick to go home. He needs to be in the hospital and take intravenous drips. He can't take those medications at home. He's too sick."

"But I can't, doctor," the mother continued.

"I'm sorry. I wouldn't keep him unless it was necessary. This is the best treatment for him." The mother doesn't appear to hear me though. Her face was contorted in anxiety for her ill infant and concern for the rest of her responsibilities at home.

"But doctor," her pleas trailed off.

"I'm sorry," I said with genuine sympathy. "It's the only way. Perhaps you can call someone to help? A relative or a neighbor?"

She finally nodded wearily. She was not happy about the situation, but she was resigned to another night in the hospital. Her mind was full of all the responsibilities she wouldn't be able to take care of now that she had another night to care for her youngest. Her crops might suffer without her vigilant hoeing. Her other children would face hardship without their mother to care for them and ensure they did their chores. Her cooking would not get done this week, and the laundry would pile up. She sighed. It was not easy waiting. I could sense her disappointment in white man



HOW IS IT THAT HUMANS BECOME SO QUICKLY DISILLUSIONED BY GOD WHEN HE FAILS TO INSTANTLY MEET THEIR HEARTFELT PRAYERS?

medicine. Her expectations were not aligned to the natural course of healing required by a young body fighting malaria, even with intravenous medication.

I certainly wished there was a faster, easier way. Unfortunately, physical healing takes time, longer than the human spirit often wishes.

In reflection on this busy mother's pleas, I wonder if I ever plead with God for instant healing. Perhaps I instantly want healing from a bad habit or a poor relationship and

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Africa to India, Following the Call

BY **HERBERT N. GIEBEL '88** AND GAIL GIEBEL

We both grew up wanting to serve overseas. We even knew where we wanted to serve, and it wasn't Africa. Of course, Africa is exactly where we ended up.

LESSONS IN AFRICA

We hope we made a positive difference in our years working at the Seventh-day Adventist hospital in Ile-Ife, Nigeria. What we know for sure is that serving in Africa helped us grow! We learned (slowly) to let go of our natural selfishness and of the joy that comes from sharing what you have, even your shampoo and toothpaste. We learned that you don't have to know how to read to be wise. We learned that a place can look completely uninhabited, but if you are either giving something away or needing help, people will materialize out of thin air. We learned that more people can fit in a car and in a house than we thought possible. We learned that it isn't equipment and medical supplies that bring healing. We learned that war doesn't make sense. We learned that the job you are called to do gives you credibility, but what you do in the community on your own time is what gives you fulfillment. We learned that fear is the same in any language, but, fortunately, so is love. We learned that sharing Jesus and bringing hope gives one more joy than anything else. We learned that "home" can truly be anywhere. And then, we learned that it is harder to leave than it ever was to go.

SERVING IN INDIA

Six years ago, after 16 years in Nigeria, we were asked to transfer to Christian Medical College (CMC) in Vellore, India. We had never thought of working in India either! We

quickly found that Africa and India do have some similarities: both countries have interesting wildlife, both are hot places to live, both places have lots of people, both places have dangerous roads, and both places have vibrant, intelligent students. We learned they also have many differences.

Probably one of the biggest differences for us is the work place. The hospital in Nigeria is a 100-bed hospital which never had enough equipment or supplies or staff but still provided the best care it possibly could with love and hope. CMC is like a giant compared to that little hospital. Its main hospital has more than 2,700 beds with hundreds of doctors (in most of the clinical and non-clinical specialties of medicine), residents, interns, and students. Before COVID-19 arrived, over 9,000 clinic visits were made in the different outpatient clinics every day. Fortunately, CMC is filled with love and hope too.

HISTORY OF CMC

All of this began with the impact that three knocks on the door had on a 20-year-old Ida Scudder. Ida's grandfather, Dr. John Scudder, was the first American medical missionary to India. Her father was one of John's six surviving sons and



This aerial view shows the main hospital of Christian Medical College in Vellore, India.



Herbert N. Giebel '88 teaches a patient group session.

two daughters, all of whom became medical missionaries in southern India. Ida grew up witnessing the effects of disease and famine that killed thousands and decided she did not want to do anything medical, and she definitely did not want to stay in India. While studying in Massachusetts, Ida made plans to marry a rich man so she wouldn't have to work and could enjoy life in America. Then her mother became ill, and her father asked her to return to India to care for her.

One night, as her mother was recovering, there were three knocks on the Scudder home door. Ida answered each of the knocks. The first was a Brahmin man who told her that his young wife was in labor and needed help. She said she would get her doctor father and he said, "No, no man can look upon my wife. You come." She explained that she knew nothing about delivering babies, and he finally left, saying that it was better for his wife to die than to have a man come and help her. Responding to the second knock, she found a Muslim man with the same story. Incredibly, later that night Ida answered the door a third time to find a high-class Hindu man who had the same story and made the same request.

The next morning, on learning that all three of the women and their babies had died during childbirth, Ida was convicted of the need for trained women physicians in India. She studied medicine in the United States and returned to India where she opened a one-bed hospital in Vellore in 1900. In 1902 she opened a 40-bed hospital. In 1909 Ida began training nurses, and in 1918 she began training female physicians. As she raised money to build the medical school

she said, "We are not building a medical school. We are building the kingdom of God."

CMC TODAY

Today, CMC operates a network of primary, secondary, tertiary, and quaternary care hospitals with approximately 4,500 beds in eight campuses in and around Vellore. The emphasis is still on training, and currently there are 22 undergraduate degree courses offered in medicine, nursing, and the allied health sciences in addition to 11 diploma courses. There are also 148 postgraduate courses. This year the school of medicine was honored (as it has been many times in the past) to be named the second best medical school in India. A unique aspect of CMC is that all graduates must serve a bond period at the mission hospital that sent them to study at or within CMC.

Many Loma Linda graduates have served at CMC, making a lasting impact on the work of this institution. Somehow, we were privileged to join this group. Herb was asked to be part of a team to develop a lifestyle medicine program as the focus of one of the medicine units. Currently, he coordinates the training in lifestyle medicine for interns, residents, and medical students. He also gives research guidance to those with lifestyle medicine topics. This is in addition to his involvement in seeing patients both in the outpatient and inpatient settings.

Both of us enjoy being involved in mentoring the Seventh-day Adventist students who are part of CMC's training programs. Schools in India operate on a six-day study week, Monday through Saturday. CMC is the only professional school in India to make concessions so that Seventh-day Adventist students are able to keep the Sabbath.

CMC'S RESPONSE TO COVID-19

In 1922, Ida told graduating nurses,

You will not only be curing diseases but will also be battling with epidemics, plagues, and pestilences and preventing them. ... You must learn to be cool, collected, and quiet; to have presence of mind; rapid thought and action in the most trying circumstances. You must learn to have wise judgment in moments of great peril. ... Practice and experience will train you to have firmness and courage. Do not always look for gratitude, for sometimes when you are most deserving, you will get the least. ... There are the valleys into which you descend, but stand up bravely, be true and keep on climbing. Face trials with a smile, with head erect and calm exterior. If

you are fighting for the right and for a true principle, be calm and sure and keep on until you win!

Today, these words are part of the preamble to the CMC COVID-19 treatment guidelines. When news of the new virus began to circulate in January 2020, CMC began to plan its response. By the time the declaration of a pandemic was made, CMC had protocols and plans in place and became one of the first private institutions in India to be approved as a COVID-19 testing and treatment center. Over 25,000 tests have been performed at CMC so far. Currently, there are 830 level 1 and 2 beds for isolation and care of patients with mild to moderate symptoms. There are 80 ICU beds for those who require intensive care, with 65 ventilators available. By September 23, 2020, CMC had admitted more than 6,500 patients with COVID-19, and 85 percent of those have recovered and been discharged.

Recently, CMC was recognized by the Consortium of Accredited Healthcare Organizations for having the best workplace safety during the pandemic in the large hospital category (over 600 beds). Praise God, though a number of the CMC staff have been infected with COVID-19, and some even required ICU care, all have recovered.

There is no sign yet that India has reached a peak in

COVID-19 cases. With the lifting of many travel restrictions, it is likely that the number of cases will increase. There are still many challenges ahead. However, there is no challenge too big for God. Our time in medical ministry in both Africa and India has taught us that God can always be trusted.

CMC's motto is, "Not to be ministered unto, but to minister." Ida did that until she died in India at the age of 89. India has taught us that it's not about whether we have electricity, or if we like the food or weather, or what our salary is, or how people treat us. What matters is that we obey God's command to go and serve. We are privileged to be part of the worldwide team that is building the kingdom of God. How grateful we are to be alumni of Loma Linda, a training center that fostered in us the desire to do just that and continues to support us in our service. ■



Dr. Giebel and his wife, Gail, currently serve in Vellore, India. He holds specialties in preventative medicine, lifestyle medicine, and family practice.

AN INVITATION

(Continued from page 31)

On a typical Sabbath prior to the pandemic, roughly half the patients of our hospital would accompany us in church each week. Most of these patients were taken in wheelchairs for health reasons, and sometimes it took multiple trips to ferry them all down the hill to the church, about 200 yards from the hospital. The joy of seeing people get closer to God through music, prayer, and worship makes the minor investments of time and giving invitations well worth it.

In the case of the alcoholic patient who came to the hospital, by God's grace and through the help of charitable contributions to Adventist Health International and Adventist Missions, I was able to be physically present in the ER the day he came in and to meet him where he was. By taking a little time to talk with him, sitting down beside his gurney, and showing concern for him, his confidence was won, and he accepted my invitation to attend AA. Later, when he came back to say thank you, he gladly accepted my gift of a "Recovery Edition Steps to Christ." I am hopeful that he will continue in his new sobriety and continually grow in his relationship with Jesus now that he has been rescued

from the trap of his addiction, an amazing transformation as a result of a simple invitation. Clearly, there is power in invitation, that, linked with the power of decision, results in turning points in one's life.

God gives each of us the invitation to follow Him. It is our privilege to know God, spend time with Him, and enjoy the rewards of working closely with Him. As we team up with Him, He guides us in how to work efficiently and effectively. He rejoices with us in our successes and loves to fill us with satisfaction as we see His hand at work. Not only this, He invites us to offer invitations to others. He invites us today to step higher by inviting others to experience a better life. Will you put God's method to the test? "Oh, taste and see that the Lord is good; Blessed is the man who trusts in Him!" Psalm 34:8 (NKJV). ■



Dr. Mundall and his wife, Jennifer, RN, DNP, have been serving in Honduras since 2012. He has a passion for comprehensive city evangelism and enjoys making music and bird-watching in his free time.



PAUL V. YINGLING '38 (left) sits with other members of the 47th General Hospital who served in the medical corps of the U.S. Army on the island of New Guinea during World War II.

World War II, CME, and Letters from the 47th

A 75-YEAR RETROSPECTIVE

BY DENNIS E. PARK, MA, '07-HON,
CONSULTING HISTORIAN

"The site chosen for the [47th General] Hospital was not far from the battlegrounds which marked the farthest point of penetration southward by the Japanese troops. Here was the turning point of the war, and also the beginning point for what was perhaps the most unusual venture of any Christian medical college."¹

In 1943, during the height of World War II, a unique confluence occurred that would endure until the end of the war. The College of Medical Evangelists (CME), with its Los Angeles campus and its Loma Linda campus, added a unique "third campus":

the 47th General Hospital (47th), a field hospital located on the island of New Guinea, which, "for the first time in history," offered "the nation at a time of great need ... a large hospital." Though this campus did not train medical students, it served, in a sense, as an

extension of CME on the other side of the world. "Every medical officer at the time [the 47th] was activated by the Army was a graduate of our medical college [CME]. And about one third of its nurses were from our various sanitariums."²

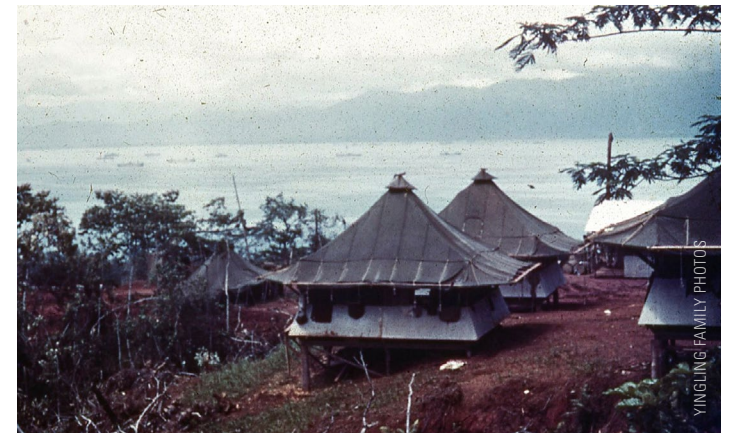
Seventy-five years after the war ended in 1945, we reexamine the story of the 47th General Hospital. We will briefly review the development of the 47th and then learn something of what it was like to live on the island and of the spiritual lives and medical ministry of those who served. Primarily this perspective comes from two members of the 47th whose letters to family were made available for this article. Other sources include published letters in *The Medical Evangelist* (ME) and material from "Diamond Memories" and the *ALUMNI JOURNAL*.

A BRIEF HISTORY OF THE 47TH GENERAL HOSPITAL

The relationship between the 47th General Hospital and the College of Medical Evangelists started during the First World War at a most inopportune time for CME. The struggling college had been in operation for less than a decade and shouldered an all but worthless "C" rating. Even so, the school and the Seventh-day Adventist Church "made a studied effort to demonstrate that Adventist soldiers [were] prepared to render needed service."³ The denomination's endeavor was short lived, ending with the war's conclusion in November of 1918.

However, the medical college's readiness attempt was not lost on some of its young physicians, including BENJAMIN E. GRANT '20, who "proposed the organization of a stand-by military hospital to be staffed by Seventh-day Adventist personnel, as a gesture of cooperative preparedness in the event of a future war." PERCY T. MAGAN, MD, '33-HON, president of CME, took the idea to the U.S. Army, which "arranged for the prospective hospital to be designated as the 47th General Hospital of the United States Army Medical Corps." The designation "was a carry-over from an army hospital that had existed during World War I" and later been demobilized.⁴ With the stroke of a pen the 47th "existed on paper."⁵

In 1926, organization of the 47th began when CME President NEWTON G. EVANS, MD, '90-HON "became the



The location of the 47th General Hospital compound looked out to Milne Bay. Ships can be seen faintly in the background.

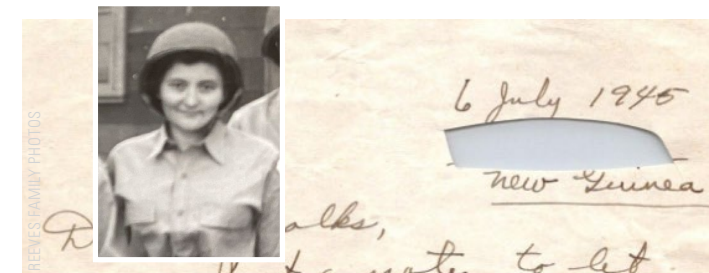
commanding officer with the rank of Lieutenant Colonel in the Reserves."⁶ CYRIL B. COURVILLE '25 soon succeeded Dr. Evans. Until such time as the unit was needed, the 47th "functioned as a reserve unit" with the intent to train young Adventist men to serve the nation "as 'medics' rather than as combat soldiers" in the event of another war.⁷

Too soon, war again raged. Many young Adventists were eager to put their medical training to service and applied to join the 47th. In the winter of late 1943, the unit was activated and ordered to report to Hammond General Hospital in Modesto, California, where the 47th General Hospital would organize under the leadership of Dr. Grant, newly appointed commandant.⁸ There they prepared and waited for deployment.

CONFIDENTIAL DEPLOYMENT

We learn of what it was like to await deployment from one of our letter writers, a young nurse and Pacific Union College graduate: Harriet O. Smith. In a letter to home she wrote: "Tomorrow a group of us go to Camp Stoneman for identification pictures. ... Things are humming here and we are getting ready for anything." She also expressed her love to her parents, writing: "I will be back one of these days the Lord willing. A general hospital only stays overseas for a couple of years, then is sent back for a rest, and change, not for the entire war will we be there. We are going to relieve one who is already there."⁹

Though details about the time and location of deployment of the 47th were kept confidential, this last sentence may indicate that Ms. Smith had some knowledge about where the unit would be deployed. She later wrote home giving her parents explicit instructions on how to deal with rumors of the 47th departing the country. "Please be very careful not to mention anything about my leaving [Hammond] at any time even if you hear it is near or think you know. ... We cannot be too careful."¹⁰



A closeup of a letter written by Harriet O. Smith, RN (inset), shows censoring by way of cutting out words that indicated a more precise location of the 47th. "New Guinea" is visible just below the removed portion.

Alumni of the 47th

In the March 1947 issue of the *ALUMNI JOURNAL*, **CARROL S. SMALL '34** wrote of the significant number of alumni serving in World War II: “Beginning in 1939 with a sprinkling of Alumni in the service, we rapidly increased our representation through activation of reserve officers. After Pearl Harbor came a great increase, until at one time more than 600 C.M.E. Alumni were medical officers.” While WWII (1941–1945) raged, the operations of the medical school and the Alumni Association continued despite being stymied by the stress and rations of war. The College of Medical Evangelists graduated 465 physicians during those years. Graduates totaled 1,849 by war’s end. The following list contains the known alumni who served with the 47th General Hospital during WWII. (Years in parentheses indicate terms for those who later became Alumni Association presidents.)

- John D. Abbey '43
- Kenneth H. Abbott '36
- F. Lyn Artress '42
- Ewald A. Bower '40
- John Douglass Briggs '38
- C. A. Chock '36
- Delos Comstock '32
- Paul H. Deeb '42
- Howard F. Detwiler '41
- J. Carroll Elgin '40
- Harrison S. Evans '36 ('66–'67)
- William D. Evans '39
- Wallace G. Gilbert '40
- Ben E. Grant '20
- Russell B. James '40
- F. Harriman Jones '37 ('62–'63)
- Theodore S. Kimball '29
- Marvin D. Knoll '36
- Forrest E. Leffingwell '33 ('51–'52)
- Thomas T. Lewis '38
- C. Cornell McReynolds '36
- Harold N. Mozar '36
- Alonzo J. Neufeld '35
- George E. Paullus '40
- Harry C. Prout '39
- Earl B. Ray '29
- William A. Richardson '34
- Leslie Riechel '38
- Marshall A. Rockwell '40
- Lee P. Rombeau '35
- Lloyd K. Rosenvold '36
- Wesley S. Smith '33 ('50–'51)
- Philip J. Vogel '34 ('52–'53)
- Finis E. Wiggins '43
- Lawrence R. Winn '39
- Paul V. Yingling '38
- Harold F. Ziprick '37

LIFE ON THE ISLAND

The 47th was soon deployed and, in early 1944, arrived by ship to Milne Bay, located on the southeast corner of the island of New Guinea, just north of Australia. For these medical professionals from the United States, daily life at Milne Bay was different from home in many ways. After arriving at the post, our second primary source of letters, ophthalmologist **PAUL V. YINGLING '38**, wrote: “No news but will write a short note and enclose the pictures of the celebration on the ship. Haven’t had time to leave camp yet and look around.”¹¹ Two days later he’d had time to explore their new home and wrote: “I am in New Guinea. Our tent is quite livable now. We have a good place built to hang our clothes, some shelves, a table, stools, and wash stand.”¹²

Apparently the letter passed the censor’s watchful eye for Dr. Yingling also told of climbing “up over a ridge and down the other side when we came upon what had been the scene of a battle. Saw a couple of pill boxes which had been wrecked by mortar shells. ... When we got back from our hike, we asked our unit censor what he thought about mentioning the evidences we saw of a fight and he said he thought it would pass.”¹³

Some days were slower than others for the medical staff of the 47th, and the island environment afforded them interesting diversions when time permitted. In a letter written February 6, 1944, Dr. Yingling lamented that it looked “like a long time before I see any patients.” He went on to report that “yesterday afternoon **HOWARD F. DETWILER '41** and I went to look over the hospital site then took a walk down a jungle path behind the hospital location. Saw some beautiful tree ferns and all sorts of other types of ferns. It was the most beautiful spot I’ve seen. Saw a large snake about twelve feet long which someone had killed.”

A few weeks after arriving, nurse Smith provides a description of living quarters on the island, writing that hers is “in a nice little open air hut. The walls are made from cocoanut leaves ... [with] a roof on top made out of leaves. The whole thing is tied together with grass, and hung on poles. ... No nails [are] used. You wonder how it stays together, but it does.”¹⁴

Later on, as she was settling into the new normal at a military hospital, nurse Smith wrote home that she was going on night duty the following week. Evidently, allowances were made for social outings as she went on to describe what dating was like in the 47th: “They [the date] have to sign for us when getting us and be armed and then sign us back in when returning us. Just like government property we are. I am so used to going out with all types of guns and being behind barbwire high fence with a guard that I shall be lost if I ever get out of here. We can only go to approved places and on the main roads.”¹⁵

In at least three letters, Ms. Smith referred to her friend, a nurse named Jane Brown, who shared a hut with her and knew her



Left: Nurse Smith (standing) hands a camera back to its owner, Jane Brown, RN, after taking her picture. Right: Two members of the 47th pose for a photo with a dead specimen of the island's large snakes.



parents. In one letter, Ms. Smith wrote, “Jane Brown just walked in with my mail.”¹⁶ So impressed with her experience at the 47th General Hospital, nurse Jane Brown took the medical course at CME and became doctor **E. JANE BROWN '53-A**.

On March 5, 1944, a story unfolded on the high seas under the pretext of “target practice.” The Navy captain and crew were in full dress uniform, but instead of preparing the ammunition, the ship’s captain ordered selected crew to arch their swords as he solemnized the wedding of 2nd Lt. **JAMES CARROLL ELGIN '40** and nurse Barbara Mercer, both stationed at the 47th. In an *ALUMNI JOURNAL* article, **LOWELL D. KATTENHORN '41** described what happened after the wedding: “Barbara returned for her duty shift, and no one on base was the wiser. Life went on at the base as before. Only now Carroll and Barbara were husband and wife. They knew it although no one else did! For diversion they made ice cream for the staff.”¹⁷

Even the perspective of war—both physical and spiritual—was different for those of the 47th. In a letter to the editor of the ME, Capt. **LLOYD K. ROSENVOLD '36** wrote: “You speak of this great war news from the Pacific area. It is a funny thing that even though we are nearer the war than at home, war news hasn’t the interest to me that it did at home.” He went on to describe his spiritual walk and the “deep interest some of the protestant enlisted men have in health reform and other spiritual matters.”¹⁸

SPIRITUAL MATTERS

To the many Adventist officers and medical personnel of the 47th, such spiritual matters played an important role from the start. Of the activation of the 47th, *The Advent Review and Sabbath Herald*, a weekly church paper, reported that “at the Hammond General Hospital, the 47th has had its own church services in the post chapel on Sabbath mornings, with Chaplain

Bergherm in charge. ... Several of the officers regularly preached in our churches ... conducted prayer meetings, assisted in Sabbath School, young people’s meetings, etc. The spiritual tone of the unit is high. ... Many of the enlisted personnel have attended our church services on the post Sabbath mornings.”¹⁹

Also referring to her time at Hammond, Ms. Smith writes: “We really have so many chances to tell about the Truth here—more than I have ever seen before. Nearly every day, I get asked about SDA’s. I have been asked about the Sabbath twice in the last week and the nurses, ward men, and patients seem anxious to know for this is the first time many have heard of us.”²⁰

On New Guinea, the medical staff were closer than ever to the faraway lands heard about in mission stories. Taking a Sabbath evening in June to write his parents, Dr. Yingling mentions that he

didn’t have a chance to go to church today as it was my turn to be on call. ... I missed an unusually interesting meeting conducted by an S.D.A. who is now a member of the Australian New Guinea Administrative Unit (NGAU). His job is to take medical supplies to the various native hospitals. His boat was formerly an S.D.A. mission boat. The native boys who man the boat are S.D.A. mission boys from the Admiralty Islands. It takes him about three months to make the rounds of the various hospitals and frequently he has a chance to visit one of our missions and give them supplies. Now that the Yanks are in the Admiralty Islands the boys are anxious to get home to see their loved ones. They have been gone here since the Japanese invaded the place. The boys sang in church. Would give a lot to have a trip to one of the missions.”²¹

There were more than 500 CME alumni serving in World War II, including many in the Pacific Theater, and a number had the good



Personnel of the 47th General Hospital gather for a Sabbath group photo next to the “church on the hill,” which overlooked Milne Bay.

fortune to cross paths with the 47th.²² Lt. Comdr. **ALSTRUP N. JOHNSON ’35**, relayed a message to the ME that he

had the privilege of visiting the 47th General Hospital. The past two months, I have been located across the bay from our CME Group. It has been a rare privilege to see so many of my friends in one company. Almost every Sabbath, I attend Sabbath School and church services. To get there, I travel about ten miles in a boat and the rest of the way by jeep. At home it was difficult to get to church even when the place of worship was but a block away! I will appreciate the wonderful church privileges more than ever as a result of my sojourn—in the jungle or at sea.²³

In another letter to the ME, Lt. [junior grade] **ALLEN E. SHEPHERD ’44-B** wrote:

“Imagine my amazement when I found that the 47th General Hospital is only ten miles from my present location. I have been to church there three times, and have met several old friends. ... They have a beautiful location on a hill overlooking a bay. Their equipment is excellent. The Navy dispensary here is small, and we refer all major cases and x-ray work up to the 47th General.”²⁴

MEDICAL WORK

Those of the 47th were in the Pacific to provide quality medical care to wounded soldiers and civilians, but their letters home spared family and friends the gruesome details of a war hospital. Nonetheless, we glean some interesting insight from our writers.

In a letter from June 26, 1944, Ms. Smith briefly told of the native patients she had encountered. “Our patients are all doing fine—you should see how the appendectomies get around. The

same day as they have surgery they go out to the latrine and within four days they are running around all over and doing K.P. [kitchen patrol]. They never have a gas pain or adhesions. They eat anything just as soon as they want it. It certainly is a far cry from the lying around that civilians do and they get along beautifully. Of course hernias stay in bed longer but everyone has to take exercise and keep up their strength.”

In a letter dated October 10, 1944, Dr. Yingling wrote:

These are busy days for me. ... Yesterday we ran 43 patients through the eye clinic and also had a pretty good number today. ... At present I have two optometrists helping me. They are both on detached service so I won’t be able to keep them. Today a new man entered the department and I’m hoping that he will have the ability to learn to refract. He is supposed to have a high I.Q. Thursday I have to present the cases at our surgery meeting. We will have the meeting in my clinic. Today I found a case of retinitis [pigmentosa], which is a rather rare condition and will use him for one of the cases I present. I’ll present my case with Chorioretinitis from the ward and another one with some tears in the Choroid of the eye.

In a November 18, 1944, letter home, nurse Smith mentioned her gratefulness for a small, but valuable, act while working on the septic surgery ward. “We use so many dressings. I often think of the people who have folded them all and wish they knew how much they are appreciated.”

THE END OF THE WAR

Life and work advanced steadily for the 47th for about a year and a half until, across the globe in Europe, the Germans surrendered on

May 8, 1945. By June, there were signs that the war was winding down in the Pacific Theater as well. Capt. **EWALD A. BOWER ’40** wrote: “Our work is falling off tremendously and there are rumors afoot that we will be leaving soon. ... Last Wednesday we celebrated our first anniversary of operation of this unit overseas. It hasn’t been too bad: in fact, in many ways we have been blessed.” In the same ME issue, it was reported that Maj. **HARRISON S. EVANS ’36** was promoted to lieutenant colonel, one of many alumni medical officers promoted during the war.²⁵

On August 14, the Japanese surrendered. Nurse Smith wrote, “Everything seems like a dream to us here. We cannot realize it is really over. Looks like we may be packed up for another move one of these days.”²⁶

Soon after the surrender, hospital operations halted and the staff were given relocation assignments. Twelve days later, from the Philippines, Marjorie Stiles, RN, penned a letter to **VARNER J. JOHNS ’45**, wherein she gave him an update on the status of the 47th and its personnel. (Hers is the last known letter published in the ME about the 47th.) “The 47th General Hospital was beginning to build on a lovely location right on the beach when V-J Day came along, so the building stopped and last week the unit moved to a group of buildings vacated by another hospital which is scheduled for Japan. Most of the doctors have been transferred to another hospital—a number of them will be sent to Japan. Eight of our nurses including myself and other non-Seventh-day Adventists were left behind when the larger group moved with the unit last week.”²⁷

On September 11, 1945, Ms. Smith wrote an eight-page letter to her parents: “Well it is all over. I could have signed up for Japan but



Dr. Yingling stands next to a display of white rocks spelling out “47th G.H.” A sign pointing to camp headquarters is posted above.

did not. Are you glad? It will be about 4 months before we leave here at Rosales [a city in the Philippines]. ... There have been so many changes of doctors and transfers that it hardly seems like the old unit. Sometimes I get rather homesick for Milne Bay.” Apparently there were stragglers in the Philippines who were unaware the war was over. Nurse Smith went on to describe an unusual incident: “On the 5th of September, I had a patient shot by the Japanese that day just 6 miles from here. A group of 30 Japanese attacked them. They caught two of them but the rest got away. Evidently no one had told them that the war was over.”

In an October 16, 1945, letter to his wife, Ruth Arlene, Dr. Yingling mentioned the fate of the 47th General Hospital and shared his feelings regarding his experience at the base: “The old 47th is entirely broken up and very shortly there won’t be anyone left down south. That entire area of the base is folding up. Sweetie,

Nurse Smith and Dr. Yingling

Nurse Harriet O. Smith was born in 1917. She went on to earn advanced degrees and to teach nursing at the College of Medical Evangelists. She also taught and held administrative positions at Southern Missionary College and Southern Illinois University. In 1962, she married Elder Clifford Reeves. Dr. Smith-Reeves later served on the Loma Linda University Board of Trustees and died in 1994. The editors are indebted to her stepson, **DAVID M. REEVES ’63**, who shared Dr. Smith-Reeves’s letters and photographs for this story. ■

PAUL V. YINGLING ’38 was born in 1912 and died in 1972. He took his residency in ophthalmology at the White Memorial Hospital and the University of Pennsylvania. Following Major Yingling’s discharge in May 1946 from military service in the Pacific Theater, he received the Asiatic Pacific Medal with one battle star, the Philippine Liberation Medal, the American Campaign Medal, and a WWII Victory Medal.

Dr. Yingling practiced in Bisbee, Arizona, for 19 years. He was a consultant in ophthalmology at the Army Electronic Proving Grounds in Fort Huachuca and was instrumental

in establishing and building a small Seventh-day Adventist church. He never lost his enthusiasm for mission work and volunteered at a Navajo reservation in northern Arizona, refracting and fitting glasses.

Dr. Yingling was a pianist and an artist. He loved to travel and always wanted to return to Papua New Guinea. His granddaughter, **SARA E. HALVERSON ’09**, is on the family medicine faculty at Loma Linda University. The editors would like to thank Dr. Yingling’s daughter, Patricia Muncy, for providing letters and photographs relating to her father’s deployment at the 47th. ■

when I see some of the fellows around here who are going home, I think I’ve done pretty good by Uncle Sam.”

CONCLUSION

For those who served at the 47th General Hospital in a far-off land, “their mission of mercy and succor, a mission of restoration of both the bodies and souls” was over.²⁸ Via different routes and methods of transportation, they made their way back home where they would practice the art of healing in their individual communities and institutions of higher learning. They would serve and nurture their churches and schools where they lived. Some served in the mission fields at home and abroad. Upon their return to the States, both nurse Harriet O. Smith and Dr. Paul Vernon Yingling made significant contributions to their respective fields of medicine.

In announcing the U.S. Government’s gratitude for the unmeasurable contributions the Seventh-day Adventist men and women health care providers delivered as the 47th, **JERRY L. PETTIS ’77-HON**, then general manager of the Alumni Association, delivered a message from Maj. Gen. Norman T. Kirk, of the Surgeon General’s office, who “expressed the appreciation of the United States Government [with] these words, “The excellent cooperation which we received from the College of Medical Evangelists and the outstanding service which was rendered by the 47th General Hospital contributed materially to the exceptional record of the Medical Department. ... By its experience and skill it reduced the mortality of our troops to a record unequaled by any nation in the annals of war. ... By its valor it won the admiration and respect of all who were entrusted to its care.”²⁹ ■

Endnotes

1. William H. Bergherm, “How God Used a Hospital,” *The Ministry* 19, no. 5 (April 1946): 27.
2. Ibid.

TRANSPLANT SURGERY

(Continued from page 20)

be weaned off immunosuppression. Myself, Dr. Nguyen, and Abigail Benitez, PhD, run the Transplant Immunology Laboratory and oversee translational research studies looking into human biomarkers predictive of post-transplant allograft dysfunction and organ rejection. Drs. Volk and Rakoski have a \$1 million grant funded by the Patient-Centered Outcomes Research Institute focusing on palliative care in advanced liver

disease. The TI is one of the leading centers in the U.S. that transplants organs from hepatitis C positive donors to naive patients and has clinical trials underway in liver and kidney transplantation.

Judy Evans, RN, MBA (executive director of TI); Erin Wells, RN (clinical director, liver transplantation); Janet Williams, RN (clinical director, kidney/pancreas transplantation); and Melissa Robinson (quality/research director) supervise approximately 90 TI support staff of transplant coordinators, social workers, quality and financial

3. **E. HAROLD SHRYOCK ’34**, “The War Years,” *Diamond Memories* (Loma Linda: Alumni Association, LLUSM, 1984), 103.
4. Ibid., 103–104.
5. Alonzo Baker, “The 47th General Hospital,” *The Advent Review and Sabbath Herald* 120, no. 46 (November 18, 1943): 18–20
6. Shryock, *Diamond Memories*, 104.
7. *The War March of CME* (Loma Linda: College of Medical Evangelists, 1944), 9; Shryock, *Diamond Memories*, 104.
8. Shryock, *Diamond Memories*, 104.
9. Harriet O. Smith (letter), October 27, 1943.
10. Ibid., November 13, 1943.
11. **PAUL V. YINGLING ’38** (letter), February 2, 1944.
12. Ibid., February 4, 1944.
13. Ibid.
14. Smith (Letter), February 25, 1944.
15. Ibid., August 11, 1944.
16. Ibid., March 5, 1945.
17. **LOWELL D. KATTENHORN ’41**, “Going Through WWII Together,” *ALUMNI JOURNAL* 6, no. 2 (March–April 1945): 36–39.
18. *The Medical Evangelist* 30, no. 23 (June 1, 1944): 20.
19. Baker, *The Advent Review and Sabbath Herald*, 18–20.
20. Smith (Letter), November 13, 1943.
21. Yingling (letter), June 2, 1944.
22. Shryock, *Diamond Memories*, 104.
23. *The Medical Evangelist* 31, no. 11 (December 1, 1944): 4.
24. Ibid., vol. 31, no. 18 (March 15, 1945): 1.
25. “Capt. Bower of the 47th General Hospital,” *The Medical Evangelist* 31, no. 23 (June 1, 1945): 1.
26. Smith (Letter), August 15, 1945.
27. *The Medical Evangelist* 32, no. 7 (October 1, 1945): 1.
28. Baker, *The Advent Review and Sabbath Herald*, 18–20.
29. Ibid.



Mr. Park is the consulting historian for the JOURNAL and former executive director of the Alumni Association. He produces www.docuvision2020.com and is the author of “The Mound City Chronicles: A Pictorial History of Loma Linda University 1905–2005.”

coordinators, medical assistants, and other ancillary personnel that take care of thousands of our patients. In 2017, we celebrated the 50th anniversary of transplantation at Loma Linda. We look forward to many more years of service to fulfill the mission of Loma Linda University Health. ■

Dr. de Vera is Professor of Surgery and Chief of Transplant Surgery. He has been the Director of the LLUH Transplant Institute since 2010.

HEALING TIME

(Continued from page 36)

ask God in my prayers for an overnight change. In such instances, perhaps God does begin the healing process, but I’m not always happy with the speed of change.

How is it that humans become so quickly disillusioned by God when He fails to instantly meet our heartfelt prayers? Perhaps we can extend a bit more patience, a little more forbearance, to the healing period required for spiritual wounds or broken relationships. Just like physical illness requires time even with the best treatment, God, too, must allow healing time in our lives.

After two days the baby was well, and the busy mother was very happy. All things sorted themselves in the end, much to mother’s joy and doctor’s relief.

Isaiah 40:31 (NKJV), says: “But they who wait for the Lord shall renew their strength; they shall mount up with wings like eagles; They shall run and not be weary; they shall walk and not faint.” ■



Dr. Franke completed her five-year term in Cameroon in 2014. She and her husband, Bill Colwell Jr., have settled in Portland, Oregon, where she practices family medicine and enjoys hiking and backpacking while improving her selfie skills during the pandemic.

ONCE A MISSIONARY, ALWAYS A MISSIONARY

(Continued from page 33)

intentions of providing hope and healing to those we served. But by God’s grace, I believe we accomplished what we had set out to do: to leave our institutions better than how we had found them, to raise the standard of care, to serve the most needy and vulnerable, and to then pass on the torch, knowing that a self-sustaining model is truly a sustainable model. We were there to support our health care institutions as centers of excellence and of influence, that they may be beacons of light to the surrounding communities.

Through our experiences serving abroad, we have come to appreciate and understand the global work of which many of us are a part. This work is not for the faint of heart, but it is a work that changes hearts, especially our own. The memories created during our time in Africa are ones we will always cherish. We continue to pray for the medical mission

work that is going on in Zambia and throughout the world, and we ask that you do the same. And if the Lord is calling you to serve in missions in some capacity, we encourage you to accept that calling. The island of Kauai is our present home and mission field, where Paul and I both continue to serve in lay ministry. But we do yearn for the day, after our kids have grown a few years older, when we can once again follow our passion to serve in short-on-long-term missions. For, “Once a missionary, always a missionary.” ■



Dr. Yoo served as chief of medical staff at Lusaka Eye Hospital. She was one of 25 ophthalmologists and the only actively practicing corneal surgeon in Zambia. She and her husband, Paul, served six years in Zambia and have since relocated to the island of Kauai, Hawaii, where they live with their three children—Jaycee, Zachariah, and Essie.

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ALUMNI Remembered

BERNARD J. BRANDSTATER '51-AFF



was born in Perth, Australia, on Feb. 23, 1929. He passed away on Jan. 17, 2020. In 1945, Bernard was accepted into the Adelaide Medical School on a full academic scholarship. Following graduation and internship, Dr. Brandstater was awarded a Fulbright scholarship in 1952 for postgraduate study in the United States. He completed residency training in anesthesiology at the University of Pennsylvania in Philadelphia and continued post-residency training in London at St. Thomas' Hospital and Eastman Dental Hospital. Later, he spent one year as a research fellow in the Cardiovascular Research Institute at the University of San Francisco.

In 1956 Dr. Brandstater joined the faculty of the American University of Beirut in Lebanon as an anesthesiologist. He was later appointed Chairman of the Department of Anesthesiology. During his 13 years at the AUB, Dr. Brandstater started a residency program, organized the first international anesthesiology conference in Beirut, and inaugurated a new journal, the *Middle East Journal of Anesthesiology*.

In Beirut, he was most noted for introducing epidural analgesia during childbirth and designing a disposable catheter for the procedure. He also pioneered an intervention for neonatal tetanus using sedation with prolonged endotracheal intubation and positive pressure mechanical respiration. The techniques he initiated paved the way for the subsequent development of neonatal intensive care.

In 1969 Dr. Brandstater accepted a position at Loma Linda University as professor in the department of anesthesiology, and in 1971

he was appointed chairman. He successfully recruited faculty and built a strong department, expanding the residency program and establishing research. He was fully engaged with other faculty in renewing the spiritual vision of Loma Linda University and was an active member in the University Church.

Dr. Brandstater was a hardworking, resourceful, and committed leader. But much of his success in life was due to his personal qualities of warmth, compassion, and his constant cheerful disposition. He was generous with his affection. His big heart, love for life, and sharp Australian wit will be greatly missed. But most of all, his life so joyfully lived will be warmly remembered.

Dr. Brandstater is survived by his wife, Beverly; his children, Suzanne Thomas, Kerry Roland, **NIGEL S. BRANDSTATER '85**, and Elizabeth; brother, Dr. Murray Brandstater; sister, Lynette Bellville; and six grandchildren.

EARL E. PETERS '53-B died Nov. 25, 2019. He specialized in family practice and emergency medicine.

NORMAN L. HENDERSON '56 died Jan. 18, 2019. He specialized in family practice.

ARMAND M. LASORSA '57 died May 3, 2020. He specialized in family practice and radiology.

TIAN HOE POH '57 died Feb. 26, 2020. He specialized in anesthesiology.

ELWIN M. DUNN '58 died July 4, 2019. He specialized in general surgery.

RICHARD A. JENSEN '59 was born June 22, 1935, in Hollywood, California, and died of prostate cancer on Jan. 7, 2020, in Newport Beach, California.



His early years were spent in Glendale, California, where he attended Glendale Adventist Academy. Dick attended La Sierra University, majoring in biology. He graduated in 1959 from Loma Linda University as a member of Alpha Omega Alpha Honor Society. He interned at the Los Angeles County General Hospital. Following internship, he took a year of internal medicine residency at the San Bernardino County Hospital. He then spent two years in the Army as a captain, including 16 months in Seoul, Korea, where he enjoyed making weekly rounds at the Seoul Sanitarium, often accompanied by **GEORGE H. RUE '24**.

On return from active duty, he spent two years in an internal medicine residency at the VA hospital (Wadsworth), in Los Angeles. Dick entered private practice in Newport Beach in 1965. In 1981, he joined United Airlines as a flight surgeon. In his 18 years with United he worked in Los Angeles, Washington, D.C., and San Francisco, finishing his career as regional flight surgeon in San Francisco. He was a fellow of the Aerospace Medical Association and a member of the International Academy of Aviation and Space Medicine.

Dick and his wife, Caroline, loved to travel; he tried never to miss a class reunion and was a lifelong member of the Seventh-day Adventist Church.

He is survived by Caroline; son, Richard Jr.; and four grandchildren, Richard III, Apple, Piper, and Jack.

Raymond Herber '57

DR. HERBER WAS BORN FEB. 29, 1932, AND DIED SUDDENLY AUG. 21, 2020.

Throughout his 65-year career at Loma Linda University, Ray Herber was not your usual visionary dreaming impossible dreams. No, he was uniquely effective, preternaturally loyal, multitudinously active, and utterly indispensable. That's hardly the beginning.

The Alumni Association was Ray's prime loyalty. He was a one-man Alumni Association, a walking alumni directory. Serving in every capacity from president to chief financial officer to errand boy, he devised and funded premiums for contributing alumni, urging membership and himself surreptitiously but profligately funding membership for many deceased alumni.

For corporate LLU, Ray recruited faculty and set up and solicited over \$20 million of endowed professorial chairs stipulating responsibility and accountability, not ad lib use like Amazon gift cards. He also set up a myriad of student funds (one bears the Herber family name). A member of boards of trustees and a joiner (from San Bernardino Medical Society to the local Doll Club), Ray regularly wound up president.

Always these were central: policy, finance, advice, loyalty—pursued doggedly by personal contact rather than mass events. Humble and respectful, Ray never spoke ill of anyone, regardless. Upon others he heaped honors, never himself.

O that speaking voice, epitomizing his uniqueness! Deep, melliferous, manly, soft yet commanding, no nonsense, unhurried and unchanging regardless of topic, often with wit nobody caught. His was the perfect telephone voice. He may have seemed eccentric for eschewing the computer and thus email in favor of hand-drawn graphs and drafts, and the telephone, his tool for reaching out. Sounding like a radio announcer of classical music, he must have spent years on the phone quietly soliciting, urging.

Top of his class, he interned in Los Angeles county and served in the United States Naval Reserve at El Toro Air Base. He completed an internal medicine residency at White Memorial Hospital and a GI fellowship at Washington University with research on lactase deficiency. He was LLU emeritus professor of medicine, chair of the department of gastroenterology, founder of the GI fellowship. Loved teaching, not at a lectern but one-on-one.

As a practicing physician Dr. Herber was exemplary, adored by his patients and families. Legends abound of lives owed to him or of his personally arranging stat appointments. The soul of kindness and affability, he would hand-deliver church bulletins to shut-ins before church services were videoed. Or at eventide, accoutered in colorful Hawaiian shirt and lei, just sitting and waving to passing friends.



A virtuoso of the needlepoint. Writer/editor of his college newspaper and yearbook and author of three hardback books for the Alumni Association. A patron of the arts—notably the Loma Linda Academy string program and the Redlands Symphony Orchestra—and the LLU Faculty Portrait Gallery, which I painted. Conscious of LLU's extraordinary heritage, he was my agent, loyal promoter, idea-man, iron-fisted LLU faculty posing scheduler and enforcer, even secret funder, as I chanced to find out much later. Without Ray the gallery would not exist, much less have been hung, which he did personally, twice.

Where would such a man come from? From Shattuck, Oklahoma, a small town with an enclave of Prussian expatriates from colonies in Volga-Russia lured there by Catherine the Great. Ray, the youngest of five brothers, grew up on a farm as an unquestioning Adventist, milking cows, being economical, precise, working like a dog the livelong day, speaking German, born on a leap year. He died at age 22, er, 88.

From such stock, Dr. Herber believed LLU was founded by God according to the blueprint and expected the recipients of his many enablements to manifest the same spirit. In recent years I sensed his disappointment with the newer generations that have not been altogether mindful of economic fundamentals or our blueprint.

Ray is survived by son, **STEVEN C. HERBER '86** (plastic and reconstructive surgery, president of Adventist Health, St. Helena); daughters, Susan Mace (dental hygienist) and Sandra Fisher (CPA and senior administrator LLU Department of Medicine); five grandchildren; and his wife, **MARILYN D. HERBER '58**, LLU OB-GYN faculty, now an Alzheimer victim. ■

— BY **WESLEY KIME '53-A**

Notify us of alumni who have passed, or review our obituary policy at WWW.LLUSMAA.ORG/IN-MEMORIAM-SUBMISSION-FORM.

JAMES R. MCKINNEY '59 was born May 20, 1934, and died on Sep. 24, 2020, at the University of Tennessee Medical Center following a brief illness.

Dr. McKinney graduated from Loma Linda University in 1959 and completed his medical intern year at White Memorial Medical Center in Los Angeles, California. He married Phyllis Moyers in 1961 after launching his medical and surgical practice at Takoma Hospital in Greeneville, Tennessee.

Dr. McKinney's lifelong dream of becoming a doctor began after experiencing double pneumonia at age 6; he was awed by the compassion his doctor exhibited while saving his life. After Dr. McKinney finished medical school, he joined **LEROY E. COOLIDGE '16-AFF** at Takoma Hospital, planning to work for one year before returning to California for more training. That year turned into a span of 58 years of medical practice in Greeneville at Takoma Hospital and Medical Group. Dr. McKinney loved his patients, and they in turn loved him.

He was active in the community and in his Seventh-day Adventist church. His love of music and church was also combined in a long running annual series of family Christmas concerts in memory of his son, Barry.

Dr. McKinney was preceded in death by his son, Barry Allen McKinney; sister, Billie Jean McKinney; and parents, Eura and John McKinney.

He is survived by his wife, Phyllis; son and daughter-in-law, **J. MARK '87** and **BARBARA CHASE MCKINNEY '88**; daughter, Karen Brown (Ervin); grandchildren; Joshua (Julie), Caleb (Lauren), Nikoli Brown, Jordan Brown, and Gabriel Brown.

DAVID E. PAPENDICK '61 died in his sleep on Aug. 24, 2020. His passing was just as he had hoped for, gentle and quiet. He was a graduate of Seventh-day Adventist grade school, academy, college, and Loma Linda University School of Medicine. He was proud of Loma Linda and his SDA education.

LUTHER W. JOHANSEN '62 died peacefully on May 25, 2020, surrounded by his

family. Dr. Johansen was born May 21, 1936, at Hinsdale Sanitarium and Hospital, where he would start his career after medical school. He grew up in the west suburbs of Chicago and attended Broadview Academy. After one year at Andrews University, he moved with his parents to Pendleton, Oregon, and graduated from Walla Walla College in 1958. While there he met the love of his life, Marie Foster. They were married after his first year at LLU in 1959.

After graduating from LLU in 1962, Dr. Johansen and Marie moved back to Hinsdale with their oldest son, **LAURENS F. JOHANSEN '87**, for internship and then private practice in Brookfield, Illinois. They welcomed three more children, Luther Brent, Lyndon, and Jeanne. While there Dr. Johansen became the youngest president of the medical staff up to that time.

In 1974 the family moved to Portland, Oregon, where Luther practiced until retiring in 2017. He was able to practice for seven years with Laurens before transitioning to urgent care. He was loved by his patients, respected by his colleagues, and loved by his family. His love of medicine inspired all four children to go into the field, covering psychiatry, family medicine, podiatry, and nursing. Dr. Johansen's family and friends were fortunate to know him and have been loved by him. He and Marie had almost 61 years of marriage, and it was a wonderful ride. His was a life well lived.

RUSSEL J. THOMSEN '68 was born Dec. 15, 1941, and died July 27, 2020, in Silverdale, Washington. He graduated from Walla Walla University in 1964, and in 1968, he



received his medical degree and MA in religion from Loma Linda University. He completed his internship at Latter-day Saints Hospital in Salt Lake City and his residency in obstetrics and gynecology at the University of Utah. He went on to serve in the United States Army Medical Corps for 27 years in such varied places as Fort Ord, California; Fort Polk, Louisiana; Frankfurt, Germany; Fort Wainwright, Alaska; and Vicenza, Italy. For three of those years, he

worked for the United States Agency for International Development in the area of women's health and family planning, which took him to 50 countries. He retired in 1994 as a colonel, with the distinction of safely delivering 4,000 babies. His patients truly appreciated his professional, yet caring manner.

In 1973, he was called to testify before a congressional subcommittee concerning the failure of the FDA to regulate the testing and marketing of intrauterine devices. Following his testimony, Dr. Thomsen started collecting IUDs, which developed into the Russel J. Thomsen Contraceptive Collection, now housed in the libraries of LLU.

Dr. Thomsen had many interests: a great love for the outdoors, construction, and competitive tennis. Always creative, he developed a product called "Babydater," an artistic folder for recording events from conception to delivery and into the baby's first year. A gifted writer, he authored several published books.

In his earlier years, Dr. Thomsen enjoyed being involved in his church, leading in various capacities including the robust singing of hymns, directing Pathfinder clubs, and coaching church school basketball teams. He especially enjoyed shooting baskets and playing tennis with his sons.

Dr. Thomsen is survived by his wife, Tina; brother, Duane; twin sister, Barbara; sons, Randy and Greg; and three grandchildren.

RONALD S. WU '68 was born in 1941 and died Sep. 8, 2020. A physician blessed with extraordinary skills and a calm, quiet manner, he touched countless lives with great care and grace during his nearly 50 years in private practice.

During the past 16 years, he battled lung cancer and remained committed to his patients until he retired in June 2017.

Dr. Wu was born on the island of Gulangyu, close to the coastal city of Xiamen, China. He began his education in Singapore and eventually came to the United States to complete his undergraduate studies at Union College, followed by four years at LLUSM. There he met a young lady named Georgiana, and two weeks after he completed medical school, they were married.

The couple moved to Glendale, and Dr. Wu began an internship and residency at Glendale Adventist Hospital. During his internship, Dr. Wu made a decision to specialize in obstetrics and gynecology. For nearly half a century he dedicated his practice to providing the highest skilled care to women with difficult pregnancies and deliveries. He helped bring more than 20,000 healthy babies into the world. His practice drew patients from throughout the U.S. and beyond. In 1994, Dr. Wu delivered triplets vaginally to a 50-year-old woman. He remembered this experience as a highlight of his career.

Not only did Dr. Wu guide mothers and their families through challenging times, he was also a mentor to countless physicians, medical students, and nurses. He will be remembered for his infectious smile, his "Dr. Wu-isms," and his celebratory whistle.

Dr. Wu is survived by his wife, Georgiana; daughters, Roxanne Wu and Crystal Simpson (Bryan); granddaughter, Eryn; and brother, Gary.

DERYCK R. KENT '69 died Aug. 3, 2020. He specialized in obstetrics and gynecology.

DELMAR AITKEN '73-B was born on May 17, 1947, and died July 29, 2020. He attended Union College in Lincoln, Nebraska, before moving to California to attend LLU School of Medicine.

While in medical school he met and married Cheree, the love of his life, and together they had two daughters. In 1981, Dr. Aitken was asked to join a research team at Ohio State University to develop the standards for sentinel lymph node mapping and biopsy using radioactive isotopes, now the gold standard of care in breast cancer surgery. He returned to LLU where he served on the faculty, furthered his surgical expertise, and with Cheree by his side, brought this gamma detection technology to the Inland Empire.

Later in his career, Dr. Aitken went into private practice in the Inland Empire and Palm Springs. Most recently he provided in-home and hospice care. Throughout his career, Dr. Aitken cared for his patients deeply, adored mentoring new doctors, and as a man of faith, believed that medicine was his way to serve.

He was gregarious, fun, and humorous, striving to bring joy and healing to others. He loved connecting with people: his patients, his friends and colleagues, and mostly, his family. For over 48 years he was devoted to and twitterpated by his wife, Cheree, and loved the adventure of visiting his daughters and deepening his relationship with his son-in-law. Dr. Aitken especially enjoyed the whole family being back together in California for sightseeing in Palm Springs or a day at Disneyland!

Dr. Aitken is survived by his wife, Cheree; daughters, April Angelique Aitken and Andra Aitken-Diaz (Ramiro); as well as three grand-dogs.

JENNIFER A. MAYFIELD '76-B died on June 7, 2020, after fighting pancreatic cancer. She specialized in family practice and preventative medicine.

CAROL ANN LAU (RUCKLE) '78-B was born Jan. 14, 1953, and died Oct. 3, 2020.

Dr. Lau attended La Sierra College and went on to graduate from LLUSM in 1978. Carol completed an internship at White Memorial Hospital, followed by residency in anesthesiology at LLUMC and a pediatric anesthesia fellowship at Denver Children's Hospital.

After her fellowship, Dr. Lau returned to LLU and joined the faculty as a pediatric anesthesiologist. She quickly became an important member of the department of anesthesia and performed all types of anesthesia, including pediatric, neuro, and cardiac. She worked with **B. LYN BEHRENS '63** and **LINDA MASON '74** to establish the pediatric intensive care unit and served as its associate director. Dr. Lau later returned to the operating room, where she met **HERBERT C. RUCKLE '86**. She married Herb in 1989, and their son, **DAVID E. RUCKLE '19**, was born in 1992. They moved to Minnesota, where Herb completed a urologic oncology fellowship at the Mayo Clinic and Dr. Lau worked as an attending anesthesiologist until rejoining the medical faculty at LLU in 1993.



Dr. Lau balanced working part time in anesthesia, raising David, and enjoying her passions, including family and the outdoors. In 2015, Dr. Lau was diagnosed with cancer and underwent treatments that allowed her to continue her life, keep working, and celebrate David's graduation from medical school and wedding to **ELIZABETH YEO '19**.

Dr. Lau was esteemed by her colleagues, residents, students, and the OR staff for her kindness to everyone, clinical acumen, strong work ethic, and calm presence. She was valued for her unflappable focus while managing complex patients and using those experiences to teach her residents and students. Dr. Lau worked at LLUMC until her retirement in 2020.

She is survived by her husband, Herb; son, David (Elizabeth); father, **FRANCIS Y. LAU '47**; sister, **KATHLEEN M. LAU '82**; and brothers, **GERRY E. LAU '77** and **RONALD D. LAU '77**.

THEODORE L. SHANKEL '88 was born Oct. 16, 1961, and died July 11, 2020, after a courageous battle against glioblastoma.

The day after Dr. Shankel graduated from medical school, he married his classmate **TAMARA M. SHANKEL '88**. He completed an internal medicine residency at LLUMC and a pulmonary critical care fellowship at the University of California, Irvine. He practiced pulmonary/critical care for over 24 years at Beaver Medical Group and Redlands Community Hospital.

Dr. Shankel was known for his love for Jesus and his desire to serve Him. He was a man of the highest integrity who always sought excellence in all he did. He loved his family, hiking, surfing, dirt biking, and skiing. He had the greatest, most infectious laugh imaginable; if you heard it, you enjoyed it and never forgot it.

Dr. Shankel is survived by his wife, Tamara; his children, Jaci, Matt, and Katie; his son-in-law, Craig Nash; father and stepmother, **STEWART W. SHANKEL '58** and Joy Shankel; brothers, Stewart (Helen) and Jeff Shankel; and sister, Marti Ward (Bill). ■





Dr. Anderson-Ray and her father, **JAMES L. ANDERSON '77-A**, smile for a quick photo during a birding trip in Trinidad and Tobago in 2019.

Janet Lynn Anderson-Ray '03

OBSTETRICS & GYNECOLOGY

CHEYENNE, WYOMING

FOR WHAT ARE YOU FAMOUS AMONG FRIENDS AND FAMILY?

My interest in birds. I have loved nature and the outdoors since childhood and was bitten by the birding bug shortly before finishing residency. I continue to enjoy getting out to watch birds whenever and wherever I can. Have binoculars, will travel!

WHAT IS YOUR BEST MEDICAL SCHOOL MEMORY?

I have many good memories from my medical school years. I loved learning about medicine and enjoyed lots of good times with friends. Best of all, though, was the discovery of what I was truly meant to do with my life. My OB-GYN rotation was near the end of my third year, and I had never seriously considered that field as an option. By the end of

third year, my plans had changed. Now, after 13 years in practice, I still love what I do.

WHAT HAS BEEN THE MOST MEANINGFUL EXPERIENCE IN YOUR MEDICAL CAREER?

One of the best things about OB-GYN is the variety. I've been fortunate enough to be a part of saving the lives of some mothers and babies over the years, and that is such a privilege. Sharing the joy of a newborn's arrival never gets old! I find a lot of meaning in the everyday interactions with my patients. Whether I am helping someone manage heavy periods that are causing her to miss several days of work each month, treating a teenager with an STD, helping an 80-year-old with uterine prolapse, or talking with a new mom dealing with postpartum depression, I am there to provide good medical care and a listening ear. I get to make a difference in someone's life every day.

IF YOU WERE TO HAVE WORKED IN A FIELD OUTSIDE OF MEDICINE, WHAT WOULD IT HAVE BEEN? WHY?

I had the opportunity to do a guided multi-day hike across the Grand Canyon with a small group in the summer of 2019. It was an amazing experience, and our guide was wonderful. I think working as a guide would be a challenging and rewarding job.

IF YOU COULD LEARN TO DO SOMETHING NEW OR BETTER, WHAT WOULD IT BE?

I love to sing and was a member of several choirs throughout high school and college. Currently, most of my singing is done in the car or the shower, but I would like to take voice lessons someday.

WHAT IS THE BEST ADVICE YOU HAVE EVER RECEIVED?

During my third year of residency, I made a mistake in the operating room during a surgery, and one of my most intimidating attendings was called in to assist with the repair. I felt terrible and wanted to quit residency on the spot. I have been thankful ever since for the advice he gave me that day. He told me that mistakes happen, in medicine and in life. The best thing you can do is to admit what happened, do what you can to make it right, learn from it so it won't happen again, and don't let the fear of a mistake keep you from trying again. ■

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Adventist Health is a faith-based, nonprofit, integrated health system serving the West Coast and Hawaii. Founded on Seventh-day Adventist heritage values, we are seeking mission-minded individuals to join our compassionate team of providers. We are dedicated to transforming the health experience of our communities through our unique focus on physical, mental, spiritual and social healing.

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Please join me in financially supporting influencers of the future by contributing to the Ray Ryckman Professional Chair fund (fund code: MRRYCK).

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